



Wishes and Needs Tool (WANT)

Voucher number

Family name

Given name/s

You have been given this form because your hearing loss has been assessed as mild.

You should complete this questionnaire without assistance from the practitioner or others, if possible. This will ensure that the answers reflect your own attitude and motivation to wearing hearing devices.

Please tick the box that best applies to you.

1 How strongly do you want to get hearing device/s?

Don't want them	Slightly want them	Moderately want them	Want them quite a lot	Want them very much
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2 Overall, how much difficulty do you have hearing (without hearing device/s)?

No difficulty	Slight difficulty	Moderate difficulty	Quite a lot of difficulty	Very difficult
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

I confirm that I was not guided by any provider staff in what answers to select.

Signature

Date (DD/MM/YYYY)

Please give completed form to your practitioner.