



# COSI BASELINE

ID NUMBER:

FORM CODE: COSI

DATE: 08/01/2017  
Version 1.0

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## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

1a. Name the most important listening situation where you would like to hear better:

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1b. **[DO NOT ASK PARTICIPANT]** Categorize the listening situation into **ONE** of the following options:

- |  |  |
|--|--|
| <input type="checkbox"/> 1...TV/Radio at normal volume | <input type="checkbox"/> 6... Social/Emotional       |
| <input type="checkbox"/> 2...Conversation in noise     | <input type="checkbox"/> 7 .. Telephone conversation |
| <input type="checkbox"/> 3...Phone/Doorbell ring       | <input type="checkbox"/> 8 .. Hear traffic           |
| <input type="checkbox"/> 4...Conversations in quiet    | <input type="checkbox"/> 9... Other                  |
| <input type="checkbox"/> 5...Church/Meeting            |  |

2a. Name the next most important listening situation where you would like to hear better:

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2b. **[DO NOT ASK PARTICIPANT]** Categorize the listening situation into **ONE** of the following options:

- |  |  |
|--|--|
| <input type="checkbox"/> 1...TV/Radio at normal volume | <input type="checkbox"/> 6... Social/Emotional       |
| <input type="checkbox"/> 2...Conversation in noise     | <input type="checkbox"/> 7 .. Telephone conversation |
| <input type="checkbox"/> 3...Phone/Doorbell ring       | <input type="checkbox"/> 8 .. Hear traffic           |
| <input type="checkbox"/> 4...Conversations in quiet    | <input type="checkbox"/> 9... Other                  |
| <input type="checkbox"/> 5...Church/Meeting            |  |

3a. Name another important listening situation where you would like to hear better:

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3b. **[DO NOT ASK PARTICIPANT]** Categorize the listening situation into **ONE** of the following options:

- |  |  |
|--|--|
| <input type="checkbox"/> 1...TV/Radio at normal volume | <input type="checkbox"/> 6... Social/Emotional       |
| <input type="checkbox"/> 2...Conversation in noise     | <input type="checkbox"/> 7 .. Telephone conversation |
| <input type="checkbox"/> 3...Phone/Doorbell ring       | <input type="checkbox"/> 8 .. Hear traffic           |
| <input type="checkbox"/> 4...Conversations in quiet    | <input type="checkbox"/> 9... Other                  |
| <input type="checkbox"/> 5...Church/Meeting            |  |