

# Patient Communication Assessment Tool

This tool is meant to help deaf, hard-of-hearing, late-deafened, deaf-blind, low/no vision, close vision, minimal-language, and/or speech loss patients receive effective communication via individual communication modes that best suit their needs. Communication assistance is provided by Michigan Relay free of charge by dialing 7-1-1.

Please make a selection below that best represents your situation

- |   |  |
|---|--|
| <input type="checkbox"/> I am deaf.                           | <input type="checkbox"/> I use hearing aids to hear                              |
| <input type="checkbox"/> I am deaf-blind.                     | <input type="checkbox"/> I read lips. Please face me.                            |
| <input type="checkbox"/> I hear, but I cannot speak.          | <input type="checkbox"/> Please write, if necessary, so I can understand.        |
| <input type="checkbox"/> I have speech and hearing loss.      | <input type="checkbox"/> I use tactile sign language.                            |
| <input type="checkbox"/> I use close-visual.                  | <input type="checkbox"/> I use American Sign Language (ASL).                     |
| <input type="checkbox"/> I have low vision or limited vision. | <input type="checkbox"/> I am hard of hearing. Please face me and speak clearly. |
| <input type="checkbox"/> I use cochlear implants to hear.     |  |