HOUSTON EYE ASSOCIATES

(713) 668.6828 PHONE
(713) 668.3823 FAX

Patient Name _____ Date: _____

INTAKE QUESTIONNAIRE

Thank you for visiting us today. To help us provide you with the best possible care, please take a few moments to complete the following questionnaire. Your responses will help make your hearing evaluation appointment more efficient, effective and successful.

INSTRUCTIONS

· **Please read the following statements.**
· Beside each statement, mark the circle that best describes your experience in each situation

	ALWAYS	SOMETIMES	NEVER
1. Family, friends, or colleagues often have to repeat themselves when speaking with me.	○	○	○
2. My family members complain that I need to turn the television volume louder than they do.	○	○	○
3. When I talk on the telephone or cell phone, I miss some of what is being said.	○	○	○
4. I have trouble hearing people when they are not facing me or are in another room.	○	○	○
5. I have difficulty hearing people talk in noisy environments such as restaurants, shopping malls, in a car, or at the movie theater.	○	○	○
6. In meetings, I have trouble following conversations.	○	○	○
7. I miss a lot of information during church and/or classroom lectures.	○	○	○
8. When I'm listening to music/concerts, I miss parts of the performance.	○	○	○
9. I have ringing, buzzing, or hissing sounds in my ears.	○	○	○
10. People seem to "mumble" all the time.	○	○	○

Circle the top 3 listening situations/environments in which you experience the most difficulty hearing and would like to experience an improvement. (if not outlined above, list below). Thank you.

_____

_____

Patient Signature _____