



Hoover Hearing Clinic
A division of
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Chart # _____

WHERE DO YOU EXPERIENCE HEARING CHALLENGES?

INTAKE QUESTIONNAIRE

Thank you for choosing Hoover Hearing Clinic. To help provide you with the best possible care, please take a few minutes to complete the following questionnaire. Your responses will help make your hearing evaluation and/or fitting appointment more efficient, effective and successful.

INSTRUCTIONS

- Please read the following statements
- Beside each statement mark the box that BEST describes your experience in each setting

NAME _____ DATE _____

Always Sometimes Never

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. I have to ask people to repeat themselves, even when I am in a quiet conversation with one or two other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My family members complain that I need to turn the volume up louder than they do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When I talk on the telephone or cell phone, I miss some of what is being said. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During games around a table, I have difficulty hearing the conversation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When I am in a public place, such as a mall, I have difficulty communicating with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In meetings, I have to strain to make sure I hear everything. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. When I'm eating in a restaurant, I have to ask my dining companion to repeat things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I feel that I miss a lot of information when I'm in church or in a classroom lecture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. When I'm listening to music/concerts, I miss part of the performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If I'm in the car with others who are talking, I can't hear what they are saying. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Circle the top 3 listening situations/environments in which you experience the MOST difficulty and would like to experience improvement.

Additional Information: _____

