

**THE HEARING CENTER
AT OCONEE ENT**

**CONFIDENTIAL
QUESTIONNAIRE**

Our concern is your hearing health and to better help you we ask that you complete this questionnaire to describe in what ways your hearing affects you. This information is kept confidential and is made a part of your permanent file. Thank you for placing your trust in **The Hearing Center** for all your hearing needs.

FULL NAME _____ DATE OF BIRTH _____

MAILING ADDRESS: _____ CITY _____

STATE _____ ZIP _____ TELEPHONE () _____

FAMILY PHYSICIAN _____

MEDICAL QUESTIONS:

1. Is this your first hearing test? _____ YES _____ NO
2. **Do you presently have any pain in your ears?** _____ YES _____ NO
3. **Do you have noises or ringing in your ears?** _____ LEFT _____ RIGHT _____ NO
4. **Have you ever had ear surgery? When _____ Left----Right----Both (Circle)**

Assessment of Communication Problems:

1. Do you hear but have difficulty understanding some words? _____ YES _____ NO
2. Have you worked or do you work in a noisy place? _____ YES _____ NO
3. Is it difficult to tell from what direction sound is coming? _____ YES _____ NO
4. Do you have difficulty understanding in a large crowd? _____ YES _____ NO
5. Any problems hearing on the phone? Which ear _____ _____ YES _____ NO
6. Must others repeat to you or raise their voice? _____ YES _____ NO
7. Are you ever accused of "not paying attention"? _____ YES _____ NO
8. Do you become tired or fatigued while listening for a long time? _____ YES _____ NO
9. If you have one, are you satisfied with your current hearing aid? _____ YES _____ NO
10. Do you want to hear and understand better? _____ YES _____ NO

Assessment of Priorities Relating to Hearing Correction:

On the following list of features of hearing instruments you might wear, please indicate the **order of importance** to you by placing a number beside each feature. Your first priority would be #1, and so on.

Understanding speech better _____ inconspicuous appearance _____ Comfort _____

Function in noisy surroundings _____ Cost _____ Service _____