

Ear, Nose and Throat Associates of Northern Colorado The Hearing and Balance Clinic

Affiliated with Ear, Nose and Throat Associates of Northern Colorado

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 and fitting appointment more efficient, effective and successful.

INSTRUCTIONS

- Please read the following statements
- Beside each statement, mark the question mark that **best** describes your experience in each situation

Name:	Date:	Alw ^{ays} Sometimes Never		
1.	I have to ask people to repeat themselves even when I am in a quiet conversation with one or two people.	3	3	3
2.	My family members complain that I need to turn the television volume louder than they do.	?	?	?
3.	When I talk on the phone or cell phone, I miss some of what is being said.	0	0	0
4.	During a card game or any other game around a table I have difficulty hearing the conversation.	0	②	0
5.	When I am in a busy public place, such as a shopping center, I have difficulty communicating with others.	0	0	0
6.	In meetings, I have to strain to make sure I hear everything.	0	?	0
7.	When I am eating in a restaurant, I have to ask my dining companion to repeat things.	0	0	0
8.	I miss a lot of information during church and/or classroom lectures.	0	?	0
9.	When I am listening to music/concerts, I miss parts of the performance.	0	?	3
10.	If I am in the car with others who are talking, I cannot hear what they are saying.	?	?	?
Circle the top 3 listings, 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.