PORTAGE VALLEY HEARING

PATIENT INTAKE FORM

1. What is your hearing aid experience?

I have a hearing device and use it regularly on ____right ear ____left ear.
I have a hearing device, but don't use it, or use it only occasionally.
I tried a hearing device, but returned it for credit.
I inquired about hearing devices at another office(s), but didn't purchase at that time.
I have never used a hearing device.

2. Using numbers 1, 2, 3 and 4 (1 being the most important and 4 the least), please rate the following in terms of importance to you. These are your choices:

___Sound Quality & Clarity ___Durability/Reliability ___Cost ___Appearance

3. What motivated you to come in today?

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4. On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one.)

1	2	3	4	5	6	7	8	9	10
Not Motivated									Very Motivated

5. Please check the box which corresponds to your ability to hear in the situations listed and check how often you are in that situation.

Listening situation	**How well do you hear in this situation?**			**How often are you in this situation?**		
	poor	**fair**	**good**	**rarely**	**sometimes**	**often**
Quiet Room (1 or 2 people)						
Television						
Restaurants						
Large Social Gathering						
Church						
Meetings/Lectures						
Work Place						
Telephone Conversation						
Car						
Meal Times (at home)						
Groups (4 to 6 people)						