PVH
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) | | | | | | |