



PATIENT HEARING QUESTIONNAIRE

Medical studies and our own experience show that people with eye conditions or certain health conditions are much more likely to experience hearing loss. St. Luke's offers diagnostic hearing services as part of our overall patient care.

PLEASE BRING THIS COMPLETED FORM WITH YOU WHEN YOU CHECK IN (Circle your response below)

- 1. Does a hearing problem cause you to feel embarrassed when you meet new people?
Yes | Sometimes | No
- 2. Does a hearing problem cause you to feel frustrated when talking to members of your family?
Yes | Sometimes | No
- 3. Do you have difficulty hearing when someone speaks in a whisper?
Yes | Sometimes | No
- 4. Do you feel handicapped by a hearing problem?
Yes | Sometimes | No
- 5. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?
Yes | Sometimes | No
- 6. Does a hearing problem cause you to attend religious services less often than you would like?
Yes | Sometimes | No
- 7. Does a hearing problem cause you to have arguments with family members?
Yes | Sometimes | No
- 8. Does a hearing problem cause you difficulty when listening to TV or radio?
Yes | Sometimes | No
- 9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
Yes | Sometimes | No
- 10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
Yes | Sometimes | No

SCORING: No = 0; Sometimes = 2; Yes = 4. Total Score _____

If you answered **SOMETIMES** or **YES** to two or more questions, we recommend a diagnostic hearing evaluation. Would you like your doctor to refer you for a hearing evaluation? YES NO

If YES, please complete the following.

Name: _____ Date _____

Phone: _____ MR# _____

FOR OFFICE USE ONLY: Location (circle one): TS SH SP T • Chart No. _____