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|  | **Texas Workforce Commission****Vocational Rehabilitation Services****Hearing Evaluation Report****Customer Questionnaire**  |
| **Instructions**  |
| Please complete all of the information and questions on this form.   |
| **Customer Information**   |
| Customer Name:       | Case ID:      |
| Phone:       | Date of birth:       |
| **Customer Questionnaire**   |
| To be completed by the counselor or customer before or during the diagnostic interview.   |
| Reported disability:       |
| Reason for referral:       |
| Referral source:       |
| **Hearing Disability Information**   |
| When did you first notice your hearing loss or problem?      |
| Did it happen slowly or suddenly?      |
| Is there a family history of hearing loss? [ ]  Yes [ ]  No |
| If yes, in whom?      |
| What caused your hearing loss?      |
| Do you have pain in your ears? [ ] Yes [ ] No | Do you have drainage in your ears? [ ]  Yes [ ]  No |
| Is there noise in your head or ears? (select one)  [ ]  None [ ]  Seldom [ ]  Frequent  |
| Is dizziness or balance a problem? (select one)  [ ]  None [ ]  Seldom [ ]  Frequent  |
| When do you hear best?      |
| When do you have the most difficulty hearing?      |
| Can you understand what is said on the phone? [ ]  Yes [ ]  No |
| Can you understand what is said on the TV? [ ]  Yes [ ]  No |
| Can you understand what is said on the radio? [ ]  Yes [ ]  No |
| Do you have difficulty locating sound? [ ]  Yes [ ]  No |
| Have you ever worn a hearing aid? [ ]  Yes [ ]  No |
| Age when first used a hearing aid?       |
| Do the hearing aids help? [ ]  Yes [ ]  No |
| If no, why not?      |
| Is there anything wrong with your current aids?      |
| Have you had speech training? [ ]  Yes [ ]  No |
| Have you had lip-reading training? [ ]  Yes [ ]  No |
| List the ways you communicate:      |
| Please describe any visual, cognitive, and/or physical conditions you have that affects your ability to communicate:      |
| Did you lose a job, fail to get a job, or change jobs because of your hearing problems?      |
| If employed, what hearing problems do you have at work?      |
| Other information about your hearing problems.      |