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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. | | | |