

Hearing Health History

- Do you suspect that you have a hearing loss? _____
For how long? _____
Cause? _____
Better hearing ear? Right Left Neither

- Has your hearing ever been tested? _____ Findings: _____

- Why have you decided to have your hearing tested at this time?
 I feel my hearing is poor and may need to be aided.
 Family/friends have suggested I have my hearing checked.
 Other reason: _____

- Please list the top 3 listening situations where you would like to hear better:
1. _____
2. _____
3. _____

- Place an "x" along the line indicating how much your hearing difficulties affect you:
No affect _____ Affects communication daily

- Place an "x" along the line indicating how motivated you are to get hearing help:
Not motivated at all _____ Very motivated

- How do you feel about your hearing loss (embarrassed, frustrated, etc.) _____

- Please put in rank order from 1-4 your most important considerations regarding hearing devices. (1 being the most important, 4 being the least important.) Please use each number only once.
____ Size and the ability of others not to see the hearing devices
____ Improved ability to hear and understand speech
____ Improved ability to hear and understand speech in noisy situations
____ Cost of the hearing devices

- Do you have a history of ear infections or surgery? _____
Details: _____

- Do you have a family history of hearing loss? _____

- Do you have ringing/noises in your ears? _____
Describe the ringing and how often it occurs: _____

- Describe any significant noise exposure: _____

- Did/do you wear hearing aids? _____
Which ear? Right Left Both Brand & Model: _____
How long have you worn aids? _____ What styles have you worn? _____
When/where did you purchase them? _____
How many hours a day do you wear them? _____
Any problems with your aids? _____

Patient's Signature _____

Date _____