

MEDICAL HISTORY

Do you experience hearing loss? Yes No

If so, which ear? Right Left Both

Have you ever worn or tried a hearing aid or amplifier? Right ear Left ear Both ears

Please check all of the medical conditions that apply:

Developmental disorder/delay

Dizziness or unsteadiness

Ear deformity

If checked: Right ear Left ear Both ears

Ear drainage

If checked: Right ear Left ear Both ears

Ear pain

If checked: Right ear Left ear Both ears

Family history of hearing loss

History of ear infections

If checked: Right ear Left ear Both ears

History of earwax buildup

History of loud noise exposure

Previous ear surgery

If checked: Right ear Left ear Both ears

If so, when: _____

Tinnitus/ringing/noises in ears

If checked: Right ear Left ear Both ears

If so, frequency: _____

Other (please describe): _____

Please rank the following items on a scale of 1 to 4 in terms of importance to you if purchasing a hearing device.

(1 = Most important 2 = Important 3 = Somewhat Important 4 = Least Important)

_____ Sound Quality & Clarity

_____ Ease of Use

_____ Cost

_____ Appearance

On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss?

Not motivated 1 2 3 4 5 6 7 8 9 10 Very motivated

What motivated you to come in today? _____

Current Medications: _____

Hearing Handicap Screening (please select the most appropriate response):

- **Does a hearing problem cause you to feel embarrassed when meeting new people?**
Yes No Sometimes
- **Does a hearing problem cause you to feel frustrated when talking to members of your family?**
Yes No Sometimes
- **Do you have difficulty hearing when someone speaks in a whisper?**
Yes No Sometimes
- **Do you feel handicapped by a hearing problem?**
Yes No Sometimes
- **Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?**
Yes No Sometimes
- **Does a hearing problem cause you to attend lectures or religious services less often than you would like?**
Yes No Sometimes
- **Does a hearing problem cause you to have arguments with family members?**
Yes No Sometimes
- **Does a hearing problem cause you difficulty when listening to TV or radio?**
Yes No Sometimes
- **Do you feel that any difficulty with your hearing limits or hampers your personal or social life?**
Yes No Sometimes
- **Does a hearing problem cause you difficulty when in a restaurant with relatives and friends?**
Yes No Sometimes