

# Hearing Health Assessment

Patient Name \_\_\_\_\_ Sex  M  F Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last MM DD YYYY

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## TO BE COMPLETED BY PATIENT

When was your last hearing exam? \_\_\_\_\_ Where? \_\_\_\_\_

How long ago did you notice a decline in your hearing?  N/A  Within 1 Year  1-5 Years  5-10 Years  10+ Years

Have you ever utilized hearing devices?  Yes  No If yes, describe your satisfaction \_\_\_\_\_

Which ear do you most often use on the telephone?  R  L  Both

Have you experienced a sudden or progressive hearing loss in the last 90 days?  R  L  Both  Neither

Have you ever had ear surgery?  Yes  No If yes, when: \_\_\_\_\_ Which ear: \_\_\_\_\_ Name of procedure: \_\_\_\_\_

Do you suffer from pain or discomfort in your ears?  Yes  No Have you had chronic ear infections?  Yes  No

Do your ears produce a significant amount of wax?  Yes  No Have you ever had any trauma to the head?  Yes  No

Are you experiencing any pressure in your ears?  Yes  No Do you suffer from dizziness?  Yes  No

Do you suffer from tinnitus (ringing in the ears)?  Yes  No Do you have a family history of hearing loss?  Yes  No

Are you currently using any medications?  Yes  No If yes, please list \_\_\_\_\_

Do you have a history of any of the following?  Measles  Mumps  Diabetes  Pneumonia

Frequent Headaches  High Fevers  Meningitis  Other (describe) \_\_\_\_\_

Have you been exposed to excessive noise levels without hearing protection in any of the following situations?

Workplace  Military  Firearms  Music  Motorcycles  Lawnmower  Other (describe) \_\_\_\_\_

Patient dexterity  Good  Fair  Poor Patient vision  Good  Fair  Poor

Choose the activities in this list that best describes your daily activities.

- Quiet Conversation
- Door Bell
- Phone Ringing
- Alarms  
(Clock, Security, Timers, etc.)

- Home Telephone
- Driving
- Religious Services
- Adult Conversations
- Small Family Gatherings
- Quiet Restaurants

- Cell Phones
- Shopping
- Movie Theaters
- Health Clubs
- Small Group Meetings
- Conversations with Children
- Television
- Open/Reverberant Home
- iPod®/Personal Music  
Players

- Outdoor Activities
- Entertainment Venues  
(Casinos, Exhibit Halls, etc.)
- Busy Restaurants
- Frequent Social Gatherings
- Smartphones
- Conference Calls
- Multimedia Connectivity  
(Home Theater, Computer, Phone, etc.)
- Travel & Airports
- Concerts & Arts
- Group Presentations

What are the top 3 environments in which you would like to hear better?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DO CURRENT HEARING AIDS  
HELP WITH THIS ACTIVITY?**

**Does the companion agree?**

Yes  No

Are there any specific features you are interested in for your hearing devices? \_\_\_\_\_

