

Hearing HISTORY

MEDICAL HISTORY

- Will this be your first hearing test? **Y** **N**
 Location of Last Test _____
- Have you had ear surgery? **Y** **N**
 TYPE? _____
- Have you ever found it necessary to have a doctor remove wax from your ears? **Y** **N**
- In which ear is your hearing the worst? **L** **R**
- Are you taking any prescription medication? **Y** **N**
 TYPE? _____
- Do you have any medical problems? **Y** **N**
 TYPE? _____

HEARING

- Have you noticed that people seem to mumble? **Y** **N**
- Do you sometimes hear words, but don't always understand them? **Y** **N**
- Do you find it difficult to hear in noisy places? **Y** **N**
- Are you often asking others to speak up or repeat themselves? **Y** **N**
- Do others complain that you play the TV too loudly? **Y** **N**
- If a hearing loss is discovered, are you ready for help? **Y** **N**
- List the top three situations where you would most like to hear better.

- How much does your difficulty hearing annoy, bother or upset you? On a scale of 1 to 10.
NOT AT ALL | 1 2 3 4 5 6 7 8 9 10 | **A LOT**

HEARING AIDS

- Do you have or have you ever worn a hearing instrument? **Y** **N**
 BRAND _____ HOW OLD? 1-2yrs | 3-4yrs | 5yrs
- How ready are you for hearing aids (if recommended)? On a scale of 1 to 10.
NOT READY | 1 2 3 4 5 6 7 8 9 10 | **VERY READY**
- Regarding hearing aids, rate the following from 1 to 4 in order of importance.
(1 = MOST IMPORTANT , 4 = LEAST IMPORTANT)
 ___ Size of Instrument ___ Improved Hearing ___ Cost ___ Ease of Operation