

Audiologic History

Do you experience hearing loss? Yes No

If so, which ear? Right Left Both

If you experience hearing loss, which best describes it? Gradual Fluctuating Sudden

When did you first notice your hearing loss? _____

What do you think is the cause of your hearing loss? _____

Have you ever had a hearing test? Yes No

If so, when: _____

Which ear do you typically use to talk on the telephone: Right Left

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

What type and/or style of hearing aid or amplifier: _____

Please describe your experience: _____

Please check all of the medical conditions that apply:

Developmental disorder/delay

If checked, please explain: _____

Dizziness or unsteadiness

If checked, is it accompanied by (please circle): Vomiting Nausea Ear Noises

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

If checked, who is the family member: _____

History of ear infections

If checked: Right ear Left ear Both ears

History of earwax buildup

History of noise exposure

If checked, please describe: _____

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): _____

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