



# Questionnaire

Patient Name: _____	Date of Birth: _____
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What is the reason for your visit today? \_\_\_\_\_

Have you previously worn or tried hearing aids? Y \_\_\_ N \_\_\_ If yes, what brand/style/year were they? \_\_\_\_\_

\_\_\_\_\_

Do you experience any ringing or buzzing sounds in your ears?..... Y N

Do you have insulin dependent diabetes?..... Y N

What medications are you taking on a daily basis? \_\_\_\_\_

\_\_\_\_\_

Does one ear seem to be better than the other? If so, which one is better?..... L R

Which ear do you use on the phone?..... L R

Have you been exposed to loud or excessive noise in the past?..... Y N

Factory? \_\_\_\_\_ Farm? \_\_\_\_\_ Hunting? \_\_\_\_\_ Military? \_\_\_\_\_ Other? \_\_\_\_\_

Do you wear ear protection regularly during exposure to noise?..... Y N

\_\_\_\_\_

If hearing aids are recommended please circle your preferences below on technology and style:

Hearing Aid Technology

- Advanced Digital Instruments
- Programmable Instruments
- Basic Instruments
- No Preference
- Not Sure

Hearing Aid Style

- Completely in the Canal
- Canal
- In the Ear
- Behind the Ear
- Not Sure

\_\_\_\_\_

Below is a list of important factors to consider when purchasing a hearing instrument. Please rate them in the order of importance from 1 to 6 by placing the number 1 next to the most important factor, the number 2 next to the second most important factor, and so on through number 6, which is the least important factor to you.

- \_\_\_ Understanding speech better
- \_\_\_ Inconspicuous appearance
- \_\_\_ Comfort

- \_\_\_ Function in noisy environment
- \_\_\_ Cost
- \_\_\_ Service



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The following is a list of situations we would like you to rate so we can best fit your needs to hearing better.

<u>Listening Situations</u>	<u>Hearing Quality</u> (1 = worst / 5 = best)					<u>Importance to You</u>		
	1	2	3	4	5	Not	Somewhat	Very
Quiet (one on one conversation)	1	2	3	4	5	1	2	3
Television	1	2	3	4	5	1	2	3
Leisure Activities	1	2	3	4	5	1	2	3
Restaurants	1	2	3	4	5	1	2	3
Church	1	2	3	4	5	1	2	3
Meetings/Groups	1	2	3	4	5	1	2	3
Work Place	1	2	3	4	5	1	2	3
Telephone	1	2	3	4	5	1	2	3
Car	1	2	3	4	5	1	2	3
Male Voice	1	2	3	4	5	1	2	3
Female Voice	1	2	3	4	5	1	2	3
Child's Voice	1	2	3	4	5	1	2	3
Other (please specify)	1	2	3	4	5	1	2	3

*(The following questions will be filled out by the hearing specialist)*

- \*Visible congenital or traumatic deformity of ear?..... Y N
  - \*Visible evidence of significant cerumen accumulation or a foreign body in the ear canal?..... Y N
  - \*Any history of, or active drainage from, the ear within the previous 90 days?..... Y N
  - \*Any history of sudden or rapidly progressive hearing loss within the previous 90 days?..... Y N
  - \*Have you experienced any acute or chronic dizziness?..... Y N
  - \*Is there a unilateral hearing loss of sudden or recent onset within the previous 90 days?..... Y N
  - \*Have you experienced any pain or discomfort?..... Y N
  - \*Audiometric air-bone gap equal to, or greater than, 15dB at 500Hz, 1000Hz, and 2000 Hz?..... Y N
- \*If answer is "yes" to any of these questions, patient must be referred to a physician or ear specialist prior to a hearing instrument fitting.**

Specialist, Carl Willingham: \_\_\_\_\_ License Number: 2001025782MO