

Audiologic History

Do you experience hearing difficulty/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 use to talk on the phone: Right Left

Please answer the following questions:

Does a hearing problem cause you to feel embarrassed when you meet new people?	Yes	Sometimes	No
Does a hearing problem cause you to feel frustrated when talking to members of your family?	Yes	Sometimes	No
Do you feel handicapped by a hearing problem?	Yes	Sometimes	No
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	Yes	Sometimes	No
Does a hearing problem cause you to attend social events less often than you would like?	Yes	Sometimes	No
Does a hearing problem cause you to have arguments with family members?	Yes	Sometimes	No
Does a hearing problem cause you difficulty listening to the TV or radio?	Yes	Sometimes	No
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	Yes	Sometimes	No
Do you feel that difficulty with your hearing limits or hampers your personal or social life?	Yes	Sometimes	No

Have you ever worn or tried a hearing aid?: Yes No If so, which ear?: Right Left Both

Please describe your experience: _____

If you wear a hearing aid, do you experience any of the following problems (please check all that apply):

<input type="checkbox"/> Some sounds are too loud	<input type="checkbox"/> Trouble understanding in quiet	<input type="checkbox"/> Trouble understanding in noise
<input type="checkbox"/> Sounds are too soft	<input type="checkbox"/> Wind noise	<input type="checkbox"/> Do not like appearance of aid
<input type="checkbox"/> Pain/discomfort	<input type="checkbox"/> Trouble using phone	<input type="checkbox"/> Do not like sound of own voice
<input type="checkbox"/> Sounds are tinny or metallic	<input type="checkbox"/> Feedback or whistling	<input type="checkbox"/> Cannot tell direction of sound
<input type="checkbox"/> Difficulty cleaning aid	<input type="checkbox"/> Difficulty changing batteries	<input type="checkbox"/> Poor battery life
<input type="checkbox"/> Naturalness of sound	<input type="checkbox"/> Repair issues	<input type="checkbox"/> Other: _____