

## Hearing Case History - Continued

Have you ever had your hearing tested?  Yes  No

Date and location of your last test \_\_\_\_\_

Have you ever worn hearing aids?  Yes  No

If yes, please mark all that apply:  Currently wear hearing aids and am happy with them  Currently wear hearing aids but do not feel I am hearing as well as I could be  Have hearing aids but do not wear them  Tried hearing aids but did not purchase

Do you feel that you hear better with one ear than the other?  No  Yes, Right  Yes, Left

Do you have a family history of hearing loss?  Yes  No

Please tell us who \_\_\_\_\_

Do you have a history of trauma to the head?  Yes  No

Please explain \_\_\_\_\_

Are you experiencing tinnitus (ringing, buzzing, or hissing)?  Yes  No Please indicate:  Right Ear  Left Ear  Both

### Please check all that apply:

I feel my hearing isn't as good as it used to be.

I wish people would speak more clearly.

I have to strain to understand conversation

My family and friends feel I have hearing loss.

I have a hard time understanding women and children.

It is difficult to hear on the telephone and/or cell phone.

I often miss everyday sounds like the phone ringing or the doorbell.

I have trouble understanding TV and/or need to have the volume turned up in order to hear.

I have trouble understanding speakers at large gatherings.

It is difficult to understand conversation in a noisy situation, such as a crowded restaurant.

I have trouble following conversation if two or more people are speaking at the same time.

I have trouble hearing at religious services, movies, lectures and musical or theater events.

Signature of person completing this form \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Today's Date \_\_\_\_\_