

HEARING HEALTH SURVEY

Name _____

◀ OBJECTIVE ASSESSMENT ▶

Have you experienced any of the following?

- Y N Dizziness or light-headedness? If yes, describe: _____
- Y N Ear pain or drainage within last 3 months? If yes, which ear: _____
- Y N Surgery on or around the ear? If yes, which ear? Surgical procedure? _____
- Y N Ringing, hissing, or noises in your ear (known as tinnitus)? If yes, which ear? _____
- Y N Exposure to loud noise through work, recreation, military? If yes, describe: _____
- Y N Family history of hearing loss not related to age, injury, or noise exposure? If yes, relation: _____
- Y N Sudden hearing loss? If yes, describe: _____
- Y N Better hearing in one ear? If yes, which ear is better? () Right () Left
- Y N Have you had a previous hearing test? If yes, when/where/results: _____

Do you have a history of?

- | | | |
|----------------------|-------------------|------------------------------|
| Y N Diabetes | Y N Heart disease | Y N Degenerative eye disease |
| Y N Kidney disease | Y N Pacemaker | Y N Numbness in fingers |
| Y N Thyroid disorder | Y N Defibrillator | Y N Tremor |
| Y N IV antibiotics | Y N Chemotherapy | Y N Chronic pain (medicated) |
- Other health issues? _____

◀ SUBJECTIVE ASSESSMENT ▶

Rate your overall hearing: ←-----→
0 (no problem) 10 (extreme difficulty)

Do you experience difficulty in any of these situations?

- | | | | |
|-------------------------------|------------------------|----------------|-------------------|
| Y N One-to-one conversations | Y N Work Place | Y N Television | Y N Theater |
| Y N Quiet room (1-2 people) | Y N Restaurants | Y N Music | Y N Child's voice |
| Y N Small groups (4-6 people) | Y N Religious services | Y N Car | Y N Shopping |
| Y N Large social gatherings | Y N Meetings/Lectures | Y N Phone | Y N Outdoors |

Other or explain above situations: _____

Occupation (if retired, previous occupation): _____ Retired? ☺ Yes ☹ Not yet

Number of people in your household? _____ How would you describe your lifestyle? _____

What is your experience with hearing devices? (*check all that apply*)

- I've never visited a Hearing Healthcare Professional to inquire about hearing devices.
- I've been to another Hearing Healthcare Professional to gather information but have not tried devices.
- I've done on-line research.
- I've tried hearing devices but returned the instruments. How long ago? _____
- I have a hearing device but only wear it occasionally or not at all. Year obtained: _____
- I have a hearing device and wear it regularly. First year of use? _____

If you have worn a hearing device, please describe your experiences, both positive and negative:

Negative: _____

Positive: _____

Rank the following in terms of their importance in a hearing device: (*1 to 4 with 1 being most important*)

Sound Quality _____ Reliability _____ Appearance _____ Cost _____