heidi's hearing
AUDIOLOGY | HEARING AIDS | ASSISTIVE DEVICES

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HEARING HEALTH SELF-ASSESSMENT

Patient Name_____Today's Date_____

Date of Birth_____

Address_____

Home Phone Number_____Cell Phone_____

Email_____

Have you ever had a hearing exam?.....☐ Yes ☐ No

If yes, when was your last hearing exam?_____

How long ago did you notice a decline in your hearing? ☐ Within 1 Year ☐ 1-5 Years ☐ 5-10 Years ☐ 10+ Years

Have you ever utilized a hearing device? ☐ Yes ☐ No If yes, describe your satisfaction_____

In which ear is your hearing the poorest? ☐ R ☐ L ☐ Both ☐ Neither

Which ear do you most often use when using the phone? ☐ R ☐ L ☐ Both ☐ Neither

Have you experienced a sudden or progressive hearing loss in the last 90 days? ☐ R ☐ L ☐ Both ☐ Neither

Have you ever had ear surgery? ☐Yes ☐ No If yes, when: _____Which ear:_____Name of procedure:_____

Do you suffer from pain or discomfort in your ears?.....☐ Yes ☐ No

Do your ears produce a significant amount of wax?.....☐ Yes ☐ No

Have you had chronic ear infections as a child or adult?.....☐ Yes ☐ No

Have you ever had any trauma to the head?.....☐ Yes ☐ No

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

Are you experiencing any pressure in your ears?.....☐ Yes ☐ No

Rate your dexterity.....☐ Good ☐ Fair ☐ Poor

Rate your vision.....☐ Good ☐ Fair ☐ Poor

Do you suffer from tinnitus (ringing in the ears)? .....☐ Yes ☐ No

Have you been exposed to excessive noise levels without hearing protection in any of the following situations?

☐ workplace ☐ military ☐ firearms ☐ music ☐ motorcycles ☐ lawnmower ☐ other_____

What would you like to accomplish at today's appointment?_____

_____

_____

What are the top 3-5 environments you would like to hear better in?

1._____

2._____

3._____

4._____

5._____

Are there any specific features you are interested in for your hearing devices?_____

_____

THIS PORTION TO BE COMPLETED BY HEARING CARE PROFESSIONAL

QUIET	SOCIAL	ACTIVE	DYNAMIC
☐ Home Activities	☐ Small Group Gatherings	☐ Meetings	☐ Busy Office
☐ TV and Telephone Use	☐ Driving	☐ Presentations/Seminars	☐ Busy Restaurants
☐ Casual Conversation	☐ Health Clubs	☐ Outdoor Activities	☐ Multimedia Connectivity
☐ Quiet Music	☐ Quiet Office	☐ Movies	☐ Concerts
☐ Door Bell		☐ Quiet Restaurants	☐ Parties
☐ Alarms (Clock, Security, Timers, etc.)		☐ Shopping	☐ Events
Total_____	Total x2_____	Total x3_____	Total x4_____

Grand Total_____