



Hearing Health Questionnaire

Patient Name: _____ Date: _____

HEARING HEALTH HISTORY

- Do you have any history of or active drainage from either ear within the past 90 days? Yes No
- Have you noticed any sudden or rapidly-progressing hearing loss in the past 90 days? Yes No
- Do you believe you have a better-hearing ear? Yes No If yes, which ear is better? Right Left
- If yes, how would you describe this difference between ears? Longstanding Recent (within past year)
- Are you a diabetic? Yes No
- Do you have any heart issues? Yes No
- Do you have any ringing in your ears? Yes No
- Have you previously had a hearing test? Yes No If yes, by whom? _____
- Date of test: _____
- Have you received any medical or surgical treatment for your ear(s) and/or a hearing loss? Yes No
- If yes, when? _____ Physician/ENT: _____
- Type of procedure: _____
- Have you experienced any pain, pressure, or fullness in either ear over the past 90 days? Yes No
- Have you experienced any acute or chronic dizziness? Yes No
- If yes, have you discussed this with your physician? Yes No

AMPLIFICATION HISTORY

- Do you currently use hearing aids? Yes No Type: _____ Ear(s) Fitted: Both Right Left
- Do you know anyone who wears hearing aids? Yes No
- Is there anything you would choose to improve about your current hearing instruments? _____
- _____
- _____
- Hearing Care Professional: _____ Audiologist or Hearing Instrument Specialist

COMMUNICATION NEEDS ASSESSMENT

- Who encouraged you to come in today to see an audiologist? _____
- How long have you noticed any difficulty hearing? _____
- What concerns you most about your hearing/understanding and communication difficulties? _____
- _____
- What is it that made you decide to come here *today*? _____
- _____
- Do you have problems with dexterity? Yes No
- Do you own a smartphone? Yes No Brand/model of smartphone (if known): _____