



## 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): \_\_\_\_\_

COMMUNICATION NEEDS ASSESSMENT (continued)

Answer the following questions using the following scale. If you currently wear hearing aids, answer the questions according to how you communicate when wearing the hearing aids.

① = Almost Never Have Problems    ② = Occasionally Have Problems    ③ = Have Problems 50% of the Time  
④ = Frequently Have Problems    ⑤ = Always Have Problems

- 1. Do you experience communication difficulties during one-on-one conversations?  
①    ②    ③    ④    ⑤
- 2. Do you experience difficulty hearing the television?  
①    ②    ③    ④    ⑤
- 3. Do you experience communication difficulties when conversing with a group of people?  
①    ②    ③    ④    ⑤
- 4. Do you experience communication difficulties (more than the average person) in situations where background noise is present (i.e., restaurant, party, sporting event)?  
①    ②    ③    ④    ⑤
- 5. Do you experience communication difficulties in the listening situation you consider most important (i.e., church, seminar, meeting)?  
①    ②    ③    ④    ⑤

Please write this listening situation here: \_\_\_\_\_

- 6. Do you experience difficulty hearing environmental sounds, such as the telephone, doorbell, horns, or alarms?  
①    ②    ③    ④    ⑤
- 7. Do you feel that your hearing negatively impacts your personal and/or social life?  
①    ②    ③    ④    ⑤
- 8. Do you feel that your hearing causes you to feel worried, annoyed, or upset?  
①    ②    ③    ④    ⑤
- 9. Do others seem to be concerned or suggest that you have difficulty hearing?  
①    ②    ③    ④    ⑤
- 10. How often does your hearing negatively affect your enjoyment of life?  
①    ②    ③    ④    ⑤
- 11. If you are using hearing aid(s): On an average day, how many hours do you wear your hearing aid(s)?  
# of Hours: \_\_\_\_\_

Please rate your overall satisfaction with your hearing aids:

- Satisfied very little (0%)     Slightly satisfied (25%)     Moderately satisfied (50%)  
 Mostly satisfied (75%)     Very satisfied (100%)

OFFICE USE ONLY

- Pre-Assessment    |     Not Currently Using Hearing Aid(s)
- Post-Assessment    |     Current Hearing Aid User

Q11: # of Hours/16 = \_\_\_\_\_%

Assessment Score: (Q1-Q10) \_\_\_\_\_ /10 = \_\_\_\_\_ -1 = \_\_\_\_\_ x25= \_\_\_\_\_%