



# Hearing Health Assessment

If someone besides the patient is completing this form;

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Date mm / dd / yy  
First MI Last

Specifically, how can we help you?

How long has it been since your last hearing test?

How many years ago did you purchase your technology?      1-3 years      3-5 years      5+ years

**MEDICAL: Internal Use Only**

PQRS      RX      Dizzy      Diabetes      Tobacco      Fall/Risk      Communication      Tinnitus

Tinnitus: On a scale of 1-10, how do you rate your tinnitus?

Dizziness: On a scale of 1-10, how do you rate your balance?

Communication: On a scale of 1-10, how do you rate your ability to communicate?

## My current hearing technology performance is satisfactory

Always | Sometimes | Never

Always | Sometimes | Never

While in background noise  
 At religious services  
 In the car  
 On the phone  
 In a conference room  
 In a restaurant

While listening to music  
 While watching TV  
 In group conversations  
 In conversations with spouse  
 In conversations with children

Please tell us where you would like to hear better:

- 1.
- 2.
- 3.

Current, and if different, **desired** lifestyle

**Active Lifestyle** (Frequent background noise)    Current    Desired  
**Casual Lifestyle** (Occasional background noise)    Current    Desired  
**Quiet Lifestyle** (Limited background noise)    Current    Desired  
**Very Quiet Lifestyle** (Rare background noise)    Current    Desired

## My current hearing technology is:

Always | Sometimes | Never

Comfortable  
 Has feedback or makes whistling noises  
 Provides hearing confidence on a day-to-day basis  
 Is cosmetically appealing

If amplification is deemed necessary, **what is most important to you?**      1 = Least important      5 = Most important

Visibility  
 Expense

Ease of Use  
 Ability to wear in most situations  
 (i.e. theatres, movies, on the phone, during exercise)

Minimal amount of maintenance  
 (i.e. change battery, change programs, cleaning)