



Hearing Health Assessment

If someone besides the patient is completing this form;

Name

Relationship to Patient

Patient Name

First

MI

Last

Date

mm / dd / yy
mm dd yy

Specifically, how can we help you?

How long has it been since your last hearing test?

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?

COMMUNICATION

Often | Sometimes | Rarely

Self Questionnaire: Does a hearing Problem:

- Make it difficult for you to converse on the telephone?
- Cause others to complain that you turn up the television or radio too loud?
- Cause you to have difficulty following conversations in a restaurant?
- Limit or hamper your personal or social life?
- Cause you to have to ask people to repeat themselves?
- Cause you to have difficulty hearing when in the presence of background noise?
- Cause you to have difficulty hearing women's' or children's voices?
- Cause you to hear people speak but fail to understand what they are saying?
- Cause you to feel as though others mumble?
- Cause you to feel stressed or tired when listening for long periods of time?

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 |

Listening Environments and Activity Participation:

| | | | | | |
|-------------------------|----------------------------------|--|----------------------|--|-----------------------------------|
| Watching TV Outdoors | Place of Worship On the Phone | Talking in Groups Crowded/Noisy Place | Concerts Lectures | Business Meetings Exercise Activities | Conversations with soft voices |
|-------------------------|----------------------------------|--|----------------------|--|-----------------------------------|

Hearing Aid Experience?: YES NO

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

| | | |
|------------|--|---|
| Visibility | Ease of Use | Minimal amount of maintenance (i.e. change battery, change programs, cleaning) |
| Expense | Ability to wear in most situations (i.e. theatres, movies, on the phone, during exercise) | |

How motivated are you to address the issues that brought you in today?

Without Technology