

What would you like us to help you with today? \_\_\_\_\_

Have you been exposed to loud noises? Music Machinery Gunfire Engines Other

Do others complain that you watch television with the volume too high? YES NO

Do you have trouble understanding others on the phone? YES NO

Do you have difficulty understanding what is being said in noisy places? YES NO

Do you ever feel that you "can hear, but can't understand?" YES NO

Do you have ear pain, ear drainage, dizziness, or a history of ear surgery? YES NO

Is there a history of hearing loss in your family? YES NO

Do you have ringing or noise (tinnitus) in your ears? YES NO

If applicable, is your tinnitus bothersome? YES NO

Would you be willing to wear hearing instruments if they would help you? YES NO

Have you ever made an investment in hearing instruments? YES NO

How long have you worn hearing instruments? \_\_\_\_\_

What would improve your current hearing instruments? \_\_\_\_\_

Have you previously seen an Ear, Nose, and Throat physician? Who? \_\_\_\_\_ When? \_\_\_\_\_

If hearing instruments were recommended, which is most important to you? Cost Cosmetics Clarity

Which most accurately describes your lifestyle:

Active Lifestyle (frequent background noise)  Casual Lifestyle (occasional background noise)

Quiet Lifestyle (limited background noise)  Very Quiet Lifestyle (Rare background noise)

