

Marshalltown · Cedar Falls · West Des Moines · Ames

Adult Hearing History

Name: _____ Date: _____ Birth Date: _____

(✓) Please check all statements that apply to you

I have trouble hearing:

<input type="checkbox"/> Soft or distant speech	<input type="checkbox"/> Television/radio	<input type="checkbox"/> Smoke alarm
<input type="checkbox"/> Children's voices	<input type="checkbox"/> In the car	<input type="checkbox"/> Phone/doorbell
<input type="checkbox"/> At work	<input type="checkbox"/> In a restaurant	<input type="checkbox"/> In church

I try to hear better or cope with my hearing loss by:

<input type="checkbox"/> Asking people to repeat/rephrase	<input type="checkbox"/> Avoiding activities/groups
<input type="checkbox"/> Turning up the TV/radio volume	<input type="checkbox"/> Using hearing aids/devices
<input type="checkbox"/> Ignoring/tuning out people	<input type="checkbox"/> Other: _____

I have had the following symptoms or experiences:

<input type="checkbox"/> A previous hearing evaluation	<input type="checkbox"/> Ringing/noises in my ears
<input type="checkbox"/> Noise exposure at work: _____	<input type="checkbox"/> Ear wax build-up problems
<input type="checkbox"/> _____	<input type="checkbox"/> Sudden change in hearing
<input type="checkbox"/> Other noise exposure: _____	<input type="checkbox"/> Ear drainage or infection
<input type="checkbox"/> _____	<input type="checkbox"/> Dizziness/lightheadedness
<input type="checkbox"/> Recent noise exposure: _____	<input type="checkbox"/> Pressure/fullness in the ears
<input type="checkbox"/> Relatives with hearing loss: _____	<input type="checkbox"/> Numbness/paralysis in ear/face
<input type="checkbox"/> _____	<input type="checkbox"/> Hearing aids recommended
<input type="checkbox"/> Ear protector experience: _____	<input type="checkbox"/> Other ear problems: _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

I participate in the following activities:

<input type="checkbox"/> Church	<input type="checkbox"/> Card clubs	<input type="checkbox"/> Reading
<input type="checkbox"/> Service clubs	<input type="checkbox"/> Board meetings	<input type="checkbox"/> Watching TV
<input type="checkbox"/> Music/theatre	<input type="checkbox"/> Motor sports	<input type="checkbox"/> Sleeping/resting
<input type="checkbox"/> Golf/walking	<input type="checkbox"/> Hunting/shooting	<input type="checkbox"/> Handwork (e.g. knitting)
<input type="checkbox"/> Traveling	<input type="checkbox"/> Dining out	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Movies out	<input type="checkbox"/> Visiting friends	<input type="checkbox"/> Videos at home
<input type="checkbox"/> Family gatherings	<input type="checkbox"/> Art galleries	<input type="checkbox"/> Eating crunchy snacks
<input type="checkbox"/> Bingo/casinos	<input type="checkbox"/> Dancing	<input type="checkbox"/> Biking
<input type="checkbox"/> My work (describe): _____		

HEARING AID QUESTIONS

1. Do you have a hearing problem that you think could be helped with a hearing aid? _____ Please explain: _____
2. Do you currently wear or have you ever worn a hearing aid? _____
3. If so, what make and model? _____
4. When/where did you purchase the aid? _____
5. If you would benefit from hearing aids, which of the style below would you prefer to wear? (please circle a style below)

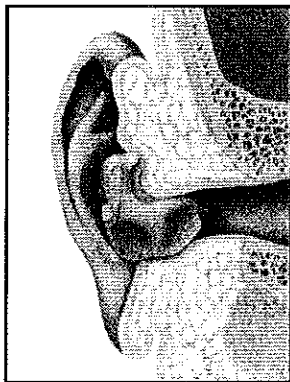
Behind-the-ear

- most durable
- most powerful
- most flexible fit



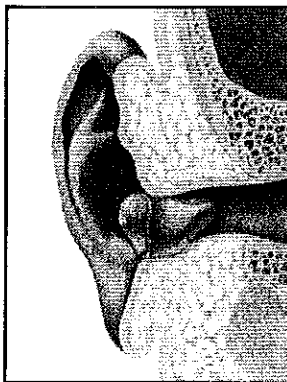
In-the-ear

- directional
- powerful
- most visible



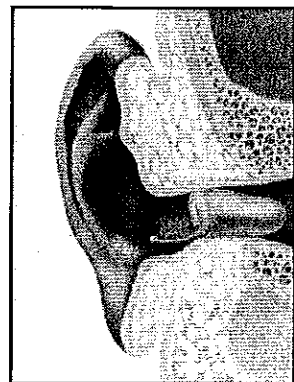
Half-shell/Canal

- directional
- good cosmetics
- efficient design



Completely-in-Canal

- most cosmetic
- least wind noise
- good with telephone



6. What specific people and sounds would you like to hear better?
(Examples: I'd like to hear my spouse's voice at home. I'd like to be able to listen to the TV/radio at a normal volume. I'd like to hear the minister at church. I'd like to hear the doorbell. You get the idea!)

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

7. What technology level would you prefer in a new hearing aid?

- a. _____ The best technology that I can get, incorporating all the latest features that will benefit me.
- b. _____ Good performance at a moderate price.
- c. _____ The least expensive hearing aids that I can get.
- d. _____ I do not want to consider a hearing aid at this time.