

## ADULT CASE HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you currently experiencing **hearing difficulties**?  
 Yes If so, for how long? \_\_\_\_\_  
 No
2. Has your hearing **changed over time**?  
 Gradually declined  Suddenly declined  Fluctuates  Improved  No change
3. Do you feel like the hearing in one ear is significantly worse than the other?  
 Yes If so, which ear is **worse**? \_\_\_\_\_  
 No
4. Have you **recently** experienced any of the following?  
 Sudden change in hearing  Ear pain  Ear infection  
 Ear drainage  Ear pressure/fullness  Other: \_\_\_\_\_
5. Have you experienced **dizziness or vertigo** in the last 90 days?  
 Yes If so, please describe: \_\_\_\_\_  
 No
6. Have you **EVER** been exposed to **loud noises** (i.e. gunfire, occupational noise exposure, loud music) more so than average?  
 Yes If so, please describe: \_\_\_\_\_  
 No
7. Do you **hear noises (i.e. ringing/ buzzing/humming/whooshing) in your ear(s)** lasting longer than 2 minutes at a time?  
 Yes If so, please describe: \_\_\_\_\_  
If so, please indicate: **right / left / both**  
**constant / intermittent**  
**bothersome / non-bothersome**  
 No
8. Has anyone in your **family** experienced hearing loss?  
 Yes If so, please list relation and approx. age of onset \_\_\_\_\_  
 No
9. Have you **ever** experienced any of the following?  
 Allergies  Diabetes  Sinus Problems  Ear Surgery  High blood pressure  Vertigo/Dizziness  
 Stroke/TIA  Cancer  Thyroid Problems  Heart Problems  Neurological Problems  Head Injury  
 Anxiety/Depression  Memory Problems  Alzheimer's  Dementia  Kidney Disease
10. Are you currently taking a blood-thinning medication?  
 Yes If so, please describe: \_\_\_\_\_  
 No
11. Are you currently taking any other **prescription medications**?  
 Yes If so, what are you taking them for? \_\_\_\_\_  
 No

## AMPLIFICATION HISTORY (non-user)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Has anyone ever recommended hearing aids to you before?

- Yes
- No

2. If hearing aids have been previously recommended, why did you not pursue hearing aids at that time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How well do you hear in the following in the following listening situations?

**a. One-on-one conversation**

(Not Well) 1    2    3    4    5    6    7    8    9    10 (Very Well)

**b. Hearing in small group settings**

(Not Well) 1    2    3    4    5    6    7    8    9    10 (Very Well)

**c. Hearing in noisy environments (i.e. restaurants)**

(Not Well) 1    2    3    4    5    6    7    8    9    10 (Very Well)

**d. Hearing the television**

(Not Well) 1    2    3    4    5    6    7    8    9    10 (Very Well)

**e. Hearing on your landline/cell phone**

(Not Well) 1    2    3    4    5    6    7    8    9    10 (Very Well)

**f. Hearing in a place of worship or auditorium (if applicable)**

(Not Well) 1    2    3    4    5    6    7    8    9    10 (Very Well)

4. What is your most important consideration regarding hearing aids?

*Rank 1-4 with 1 being the most important and 4 being the least important.*

\_\_\_ Performance

\_\_\_ Ease of Use

\_\_\_ Appearance

\_\_\_ Cost