



BETTER HEARING QUESTIONNAIRE

Our concern is your hearing and to better help you we ask that you fill out this questionnaire to describe how your hearing affects you. This information is kept confidential and is made a part of your permanent file. Thank you for placing your trust in us for all your hearing needs. Please complete the front and back side and return to the front desk.

Name:

(Last)

(First)

(Initial)

Mailing Address:

(Street)

(City)

(State)

(Zip)

Telephone: _____

Date of Birth:

Occupation (past/present): _____

Primary Care Doctor: _____

Hearing Aid Insurance/Health Plan: _____

Policy #: _____

How did you hear about us? _____

Name of spouse or friend with you today? _____

AUDIOLOGIC HISTORY YES NO

- Will this be the first time you have had a hearing test?
 If no, in what year were you last tested? _____
- Have you ever had ear surgery?
 If yes, when? _____ which ear? _____ procedure? _____
- Do you have noises or ringing in your ears?
- Did you have chronic ear infections as a child or adult?
- Do you have a family history of hearing loss?
- Have you been exposed to a lot of noise in your life?
- Have you had any trauma to the head?
- Do your ear canals itch?
- Do you have sinus or allergy problems?
- Do you have difficulty hearing when someone speaks softly?
- Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?
- Does a hearing problem cause you to attend church less often than you would like?
- Does a hearing problem cause you difficulty when listening to TV or radio?
- Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
- Do you have difficulty hearing women or children?
- In which ear do you hear better? circle: left right
- What do you believe caused your hearing problem? _____
- Do you wear hearing aids?
 If yes, circle: left only right only both ears
 What year did you buy your hearing aids? _____
 Approximately how many hours a day do you wear them? _____
 Do you have any problems with your hearing aids?
 If yes, explain: _____
- Why have you decided to have your hearing tested at this time?
 I feel my hearing is poor and may need to be aided.
 Family/friends have suggested I have my hearing checked.
 Other reason/explain: _____

(Please complete other side)

HEARING DIFFICULTY QUESTIONNAIRE

Indicate your ability to hear (Hearing Quality) in the following listening situations and rate the importance of that listening situation to you. Circle the appropriate number in columns two and three.

LISTENING SITUATION	HEARING QUALITY					IMPORTANCE TO YOU		
	POOR		NORMAL			NOT	SOMEWHAT	VERY
QUIET (one on one conversation)	1	2	3	4	5	1	2	3
TELEVISION	1	2	3	4	5	1	2	3
RESTAURANTS	1	2	3	4	5	1	2	3
CHURCH	1	2	3	4	5	1	2	3
MEETING/GROUPS	1	2	3	4	5	1	2	3
WORK PLACE	1	2	3	4	5	1	2	3
TELEPHONE	1	2	3	4	5	1	2	3
CAR	1	2	3	4	5	1	2	3
MALE VOICE	1	2	3	4	5	1	2	3
FEMALE VOICE	1	2	3	4	5	1	2	3
CHILD'S VOICE	1	2	3	4	5	1	2	3
OTHER (please explain below)	1	2	3	4	5	1	2	3

ASSESSMENT OF NEEDS & PRIORITIES RELATING TO HEARING HELP

If you have a preference for hearing aid technology and/or style, check the appropriate boxes below:

Hearing Aid Technology

- Premium Digital Instruments
- Mid-Level Digital Instruments
- Basic Instruments
- No Preference

Hearing Aid Style

- Completely-In-the-Canal
- Canal
- In-The-Ear
- Behind-The-Ear
- Open Fitting

Following is a list of important factors to consider when purchasing a hearing instrument. Please rate them in order of importance from 1 to 6 by placing the number 1 next to the most important factor, the number 2 next to the second most important factor, and so on through number 6, which is the least important factor to you.

- _____ Understanding speech better
- _____ Inconspicuous appearance
- _____ Comfort

- _____ Function in noisy environment
- _____ Cost
- _____ Service

Your listening demands and/or lifestyle can influence the choice of hearing aid technology. Please rate your lifestyle and listening demands:

- Active lifestyle, frequently in noise
- Quiet lifestyle, seldom in noise
- Moderately active, often in noise
- Inactive, mostly in quiet

Patient's Signature _____

Date: _____

*Thank you for helping us help you hear better!
Please return this form to the front desk.*