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Patient Hearing Health Survey

Patient Name:_____ DOB:____/____/_____
First MI Last mm dd yyyy

When was your last hearing exam? _____By whom: _____

What were the recommendations? _____

How long ago did you start to notice a decline in your hearing?

_____Within past 90 days _____ 1-3 years _____ 4-6 years _____10+ years

Have you ever used assisted listening devices? Y N

Do you suffer from acute or chronic dizziness? Y N

Has anyone in your family suffered hearing loss? Y N If yes, who? _____

Do you smoke? Y N If no, have you ever smoked? _____

Allergies to any medications, plastics, etc.?_____

Current Medications (i.e., blood thinners):_____
_____
_____

Have you ever had ear surgery? Y N If yes, which ear and when? _____

Please list all major surgeries and illness in the past 10 years: _____
_____

Do you have/had any of the following?

Y N Diabetes	Y N Radiation therapy	Y N Compromised immune system
Y N Chemotherapy	Y N TMJ	Y N Lack of cognitive ability
Y N Heart disease	Y N Kidney disease	Y N Numbness in fingers
Y N Pacemaker	Y N Defibrillator	Y N Degenerative eye disease
Y N Tremor	Y N IV antibiotics	Y N Traumatic brain injury
Y N Thyroid disease	Y N Medicated chronic pain	Other: _____

Have you experienced any of the following?

Y N Dizziness or light-headedness? If yes, describe: _____
Y N Ear pain or drainage within last 3 months? If yes, which ear: _____
Y N Ringing, hissing, or noises in your ear (tinnitus)? If yes, which ear: _____
Y N Exposure to loud noise through work, recreation, military service?
If yes, describe: _____
Y N Family history of hearing loss not related to age, injury, or noise exposure?
If yea, describe: _____
Y N Sudden hearing loss? If yes, describe:_____
Y N Better hearing in one ear? If yes, which ear is better? _____

Do you experience difficulty in any of these situations?

Y N Work place	Y N Television	Y N One to one conversation
Y N Theater	Y N Restaurants	Y N Quiet room (1-2 people)
Y N Music	Y N Women or children's voices	Y N Small groups (4-6 people)
Y N Car	Y N Religious services	Y N Shopping
Y N Phone	Y N Meetings/Lectures	Y N Large social gatherings
Y N Outdoors	Other: _____	

Please Provide the top three listening situations where you would like to hear better:

1. _____

2. _____

3. _____