

## ADULT CASE HISTORY

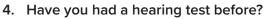
### **HEARING HISTORY**

#### 1. Chief Complaint: Please check all that apply.

- □ Hearing Loss: Right Ear
- □ Hearing Loss: Left Ear
- □ Hearing Loss: Both Ears
- □ Tinnitus/Ringing in the Ears
- □ Ear Pain/Blockage/Fullness
- Dizziness/Vertigo
- □ Other:

#### 2. What situations do you have difficulty hearing?

- □ One-on-one conversations
- $\hfill\square$  Group conversations
- □ Work
- □ Restaurants
- □ Church
- □ TV
- □ Telephone
- □ Other:
- □ Additional Comments:
- 3. How long have you noticed these difficulties? Was the change gradual or sudden?



- 🗆 Yes
- □ No

Additional Comments:





- 5. Have you been exposed to loud noises, such as firearms, heavy equipment, power tools, etc., either recently or in the past?
  - □ Yes
  - 🗆 No

Additional Comments:

- 6. Is there a history of hearing loss in your family?
  - 🗆 Yes
  - 🗆 No

Additional Comments:

- 7. Have you ever experienced ringing, buzzing or humming sounds in your ears? Is it in one ear or both?
  - □ Yes
  - 🗆 No
  - □ One Ear (Right)
  - □ One Ear (Left)
  - □ Both

Additional Comments:

- 8. Have you experienced dizziness or vertigo? If yes, please describe:
  - □ Yes
  - 🗆 No

Additional Comments:

- 9. Have you ever experienced a serious head injury (e.g., concussion)?
  - □ Yes
  - 🗆 No

Additional Comments:

- 10. Have you ever been evaluated by an ear, nose and throat physician? If yes, what was the purpose of the evaluation?
  - □ Yes
  - □ No

Additional Comments:

# IF YOU ARE CURRENTLY USING A HEARING AID OR HAVE IN THE PAST, PLEASE ANSWER THE FOLLOWING:

- 1. How long have you used a hearing aid?
- 2. Which ear is/was aided?
  - Right
  - 🗆 Left
  - □ Both

Additional Comments:

3. What would improve your current hearing aid?

4. What questions or problems would you like us to help with today?