

Patient Name: _____ Birth Date: _____ Date: _____

What is the reason for your appointment today? _____

Ear Health Questionnaire: Do you have any of these symptoms?

Yes / No Drainage from the ear in the past 90 days

Yes / No Ear pain or pressure If yes, please explain: _____

Yes / No Tinnitus (ringing in the ear) **Right** or **Left** or **Both**

How often do you hear it? _____ When did it start? _____

Yes / No Acute or chronic dizziness If yes, please explain: _____

Yes / No Sudden Loss of hearing If yes, please explain: _____

Yes / No A family history of hearing loss Relationship? _____

Yes / No Unilateral hearing loss (hearing loss in only one ear) If yes, which ear **Right** or **Left**

Yes / No Do you routinely require ear wax removal? Comments: _____

Yes / No Exposure to high levels of noise without hearing protection? Comments: _____

Yes / No Have you ever had ear surgery? If yes, which ear: _____ Type of Surgery: _____

Yes / No Are you currently taking blood thinners?

Yes / No Have you taken chemotherapy, antibiotics to save your life, or powerful diuretics?

Hearing History:

When was your last hearing exam? _____ By whom? _____

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

Yes / No Do you now or have you ever worn a hearing aid? Comments: _____

Please Circle the response that best describes your hearing in each of the following environments:

Always Often Sometimes Never: Do you have a problem hearing over the telephone? Better Phone Ear: _____

Always Often Sometimes Never: Do you have trouble following conversations with two or more people talking?

Always Often Sometimes Never: Do people complain that you turn the TV volume up too high?

Always Often Sometimes Never: Do you have to strain to understand conversation?

Always Often Sometimes Never: Do you have trouble hearing in a noisy background?

Always Often Sometimes Never: Do you find yourself asking people to repeat themselves?

Always Often Sometimes Never: Do others remark about your missing what has been said?

Always Often Sometimes Never: Do people seem to mumble (or not speak clearly)?

Always Often Sometimes Never: Do you misunderstand what others are saying and respond inappropriately?

Always Often Sometimes Never: Do you have trouble understanding the speech of women and children?

What are the top 3 environments you would like to hear better in?

1. _____
2. _____
3. _____

Comments: _____