



### Welcome to our Hearing Center...

Please tell us about yourself...

Name \_\_\_\_\_ Referred by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

To enable us to provide quality care to you...

1. Primary reason for visit? \_\_\_\_\_
2. When did you notice you were having difficulty with your hearing? \_\_\_\_\_
3. Have you had your hearing tested before? \_\_\_\_\_ When and Where? \_\_\_\_\_
4. Do you have a hearing loss? \_\_\_\_\_ Was your hearing loss gradual or sudden? \_\_\_\_\_
5. Do you have ear pain? \_\_\_\_\_ Do you have ear drainage? \_\_\_\_\_ Do you have ear discomfort? \_\_\_\_\_
6. Have you had any previous ear surgeries? \_\_\_\_\_
7. Do you have any acute or chronic dizziness? \_\_\_\_\_
8. Are you experiencing any ringing or noise in your ears? \_\_\_\_\_
9. Is there a history of hearing loss in your family? \_\_\_\_\_
10. Have you been exposed to loud noise, such as industrial or gunfire? \_\_\_\_\_
11. Are you taking Coumadin? \_\_\_\_\_ Are you insulin dependent? \_\_\_\_\_

### Communication History...

1. Do you sometimes hear people, but have difficulty understanding? \_\_\_\_\_
2. Do you understand words better when you are looking at the speaker? \_\_\_\_\_
3. Specific difficulties: Understanding spouse? \_\_\_\_\_ In groups? \_\_\_\_\_ At work? \_\_\_\_\_ TV? \_\_\_\_\_  
In church? \_\_\_\_\_ Social Situations? \_\_\_\_\_ Phone? \_\_\_\_\_ Movies/Theatre? \_\_\_\_\_ Other? \_\_\_\_\_
4. Have hearing aids been recommended to you? \_\_\_\_\_
5. Are you currently wearing hearing aids? \_\_\_\_\_
  - a. If so for how long and what style and brand (if known)? \_\_\_\_\_
  - b. What would you change about your current or past hearing aids? \_\_\_\_\_
6. Have you reached a point where you want to hear and understand better? \_\_\_\_\_
7. In order of importance, please rank from 1 to 4, the following (1 being the most and 4 being the least important):  
Reliability \_\_\_\_\_ Cosmetic Appeal \_\_\_\_\_ Price \_\_\_\_\_ Performance \_\_\_\_\_

*Please let us know how you're feeling about your visit to our Hearing Center today...*

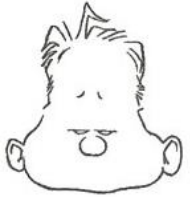
***Confident***

***Optimistic***

***Happy***

***Curious***

***Undecided***



***Cautious***

***Frightened***

***Anxious***

***Pained***

***Miserable***

**HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)**

The purpose of the scale is to identify the problems your hearing loss may be causing you. Check **YES**, **SOMETIMES**, or **NO** for each question. **DO NOT** skip a question if you avoid a situation because of your hearing problem.

If you use a hearing aid, please answer the way you hear **WITHOUT** your aid.

	YES (4)	SOMETIMES (2)	NO (0)
<i>Does a hearing problem cause you to use the phone less often than you would like?</i>			
<i>Does a hearing problem cause you to feel embarrassed when meeting new people?</i>			
<i>Does a hearing problem cause you to avoid groups of people?</i>			
<i>Does a hearing problem make you irritable?</i>			
<i>Does a hearing problem cause you to feel frustrated when talking to members of your family?</i>			
<i>Does a hearing problem cause you difficulty when attending a party?</i>			
<i>Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?</i>			
<i>Do you feel handicapped by a hearing problem?</i>			
<i>Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?</i>			
<i>Does a hearing problem cause you to feel frustrated when talking to coworkers, clients or customers?</i>			
<i>Does a hearing problem cause you difficulty in the movies or theater?</i>			
<i>Does a hearing problem cause you to be nervous?</i>			
<i>Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?</i>			
<i>Does a hearing problem cause you to have arguments with family members?</i>			
<i>Does a hearing problem cause you difficulty when listening to TV or radio?</i>			
<i>Does a hearing problem cause you to go shopping less often than you would like?</i>			
<i>Does any problem or difficulty with your hearing upset you at all?</i>			
<i>Does a hearing problem cause you to want to be by yourself?</i>			
<i>Does a hearing problem cause you to talk to family members less often than you would like?</i>			
<i>Do you feel that any difficulty with your hearing limits or hampers your personal or social life?</i>			
<i>Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?</i>			
<i>Does a hearing problem cause you to feel depressed?</i>			
<i>Does a hearing problem cause you to listen to TV or the radio less often than you would like?</i>			
<i>Does a hearing problem cause you to feel uncomfortable when talking to friends?</i>			
<i>Does a hearing problem cause you to feel left out when you are with a group of people?</i>			

Total # of points \_\_\_\_ / 100 = \_\_\_\_\_%

0-16% = No handicap

18-42% = Mild-Moderate Handicap

44%+ = Significant Handicap