



Welcome to our Hearing Center...

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