



ADULT CASE HISTORY

Name: _____

Date: _____

1. Are you currently experiencing hearing difficulties?
 Yes If so, for how long? _____ No
2. Has your hearing changed over time?
 Gradually declined Suddenly declined Fluctuates Improved No change
3. Do you feel like the hearing in one ear is significantly worse than the other?
 Yes If so, which ear is worse? _____ No
4. Have you ever worn hearing aids?
 Yes If so, for how long? _____ No
5. Have you recently experienced any of the following:
 Sudden change in hearing Ear pain Ear Infection
 Ear drainage Ear pressure/fullness Other: _____
6. Have you recently experienced dizziness or vertigo in the last 90 days?
 Yes If so, please describe? _____ No
7. Have you been exposed to loud noises (i.e. gunfire, occupational noise exposure, loud music) more so than average?
 Yes If so, please describe? _____ No
8. Do you hear noises (i.e. ringing, buzzing, humming or whooshing) in your ears lasting longer than 2 minutes at a time?
 Yes If so, please describe? _____ No
9. Has anyone in your family experienced hearing loss?
 Yes If so, who? _____ No
10. Have you ever experienced any of the following?
 Allergies Diabetes Sinus Problems Head injury High blood pressure
 Stroke/TIA Cancer Ear Surgery Heart problems Neurological Problems
11. Are you currently taking a blood thinning medication?
 Yes No
12. Are you currently taking any other prescription medications?
 Yes No

If yes, please list: _____

13. Are you a smoker?
 Yes No

LISTENING ASSESSMENT

Please answer the following questions based on how well you currently hear in the following listening situations?:

- a. One-on-one conversation
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

- b. Hearing in small group settings
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

- c. Hearing in noisy environments (i.e. restaurants)
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

- d. Hearing the television
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

- e. Hearing on your landline phone (if applicable)
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

- f. Hearing on your cellphone (if applicable)
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

- g. Hearing in a place of worship or auditorium (if applicable)
(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

Do you have any additional concerns at all regarding your hearing?
