Adult Case History

Name____Date_____________

1. Do you feel that you are experiencing a hearing loss?
   __Y __N
   If Yes, how long?_________________________________
2. Do you feel one ear is better than the other?
   __Y __N
   If so which ear? ____Right ___Left
3. Have you ever worn a hearing aid?
   __Y __N
   If so how long? __________________________________
4. Have you ever received medical treatment for significant ear problems?
   __Y __N
5. Have you had recent ear pain or drainage?
   __Y __N
6. Do you have any allergies?
   __Y __N
7. Have you experienced dizziness I the past 90 days?
   __Y __N
8. Have you ever experienced a serious head injury?
   __Y __N
9. Have you ever had a serious illness which affected your hearing?
   __Y __N
10. Are you currently taking any medication?
    __Y __N
    List____
    ____
    ____
11. Do you have any significant health problems or physical handicaps?
    __Y __N

12. Have you ever been exposed to high noise levels?
    __Y __N
13. Does anyone in your family have a hearing loss?
    __Y __N
    If so, what caused it?____
14. Do you experience ringing or noises in your ears?
    __Y __N
15. Do you sometimes feel that people are mumbling or not speaking clearly?
    __Y __N
16. Do you find it difficult to follow a conversation in a noisy restaurant or crowded room?
    __Y __N
17. Do you have difficulty understanding speech on the telephone?
    __Y __N
18. Do you experience difficulty following dialog in the theater?
    __Y __N
19. Do you sometimes find it difficult to understand a speaker at a public meeting or religious service?
    __Y __N
20. Do you find yourself asking people to speak up or repeat themselves?
    __Y __N
21. Do you find men's voices easier to understand than women's?
    __Y __N
22. Do you experience difficulty understanding soft or whispered speech?
    __Y __N
23. Does a hearing problem cause you to feel embarrassed when meeting new people?
    __Y __N
24. Do you feel handicapped by a hearing problem?
    __Y __N
25. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like to?
    __Y __N
26. What questions or problems would you like help with today?