



Date _____

Name: _____ Age: _____

What Medications are you currently taking?

Do you currently use tobacco products? Yes No

HEARING HISTORY

- How long have you had trouble hearing? _____
- Was your hearing loss? Sudden Progressive Gradual Fluctuating
- Is your hearing poorer in one ear? Yes No If yes, which ear is the poorer ear? Right Left

What are 3 situations you struggle to hear in? 3 situations you notice your hearing loss the most?

- 1. _____
- 2. _____
- 3. _____

How would you rate your activity level and current lifestyle?

- I spend most of my time at home alone, or with one other person.
- I am moderately active and am in several different communication settings every week.
- I am very active in social/work activities. I am in multiple different listening situations daily.

Do you have a history of (check all that apply):

- Ear Infections Ear Drainage Pain in the ears Ear Surgery
- Noise Exposure Dizziness Family History of Hearing Loss
- Noises in Ears (Tinnitus) If yes, what does it sound like? _____
If yes, which ear? RIGHT LEFT
Is it: CONSTANT or COMES AND GOES

HEARING AID HISTORY

Are you currently wearing hearing aids? Right ear Left ear Both ears Do not wear hearing aids

If hearing aids are recommended, are you interested in learning more about them? Yes • No

If Yes, please continue on the back of this page...



Date _____

1. Costs of hearing aids vary widely by technology level and range from \$2000/set to over \$6000/set. Accessories may add to the costs. Please be sure to advise us if costs will be our primary basis for selecting hearing aids for you, or if you wish us to advise you on hearing aids offering the best performance for your lifestyle.

Lowest cost most important _____ Value (benefit and performance) most important _____

2. Please rank the level of importance to you for each of the items below

| | Not That Important | Somewhat Important | Very Important |
|------------------------|--------------------|--------------------|----------------|
| Cosmetics/Visibility | _____ | _____ | _____ |
| Ease of Use/Simplicity | _____ | _____ | _____ |
| Rechargeability | _____ | _____ | _____ |
| Smartphone Streaming | _____ | _____ | _____ |

3. Hearing device success also depends on service. We have varying service plans. Please tell us if you feel that full-service and an all-encompassing plan is more your style or a “pay-as-you-go” plan fits you better?

Full-service _____ Pay-as-you-go _____ I want to learn more _____