

Name: _____ Date of Birth: _____

Hearing Concerns

What are your primary concerns about your hearing? _____

When did you first notice hearing difficulties? _____

Which ear seems worse? Right Left Both Unsure

Do you experience ringing, buzzing, or other noises in your ears (tinnitus)? Yes No

If yes, describe: _____

Do you experience ear fullness or pressure? Yes No

Do you have a history of ear infections, drainage, or ear surgery? Yes No

If yes, please describe: _____

Do you have dizziness or balance issues? Yes No

Do you use hearing aids? Yes No How long have you used them? _____

Where were they purchased/fitted? _____

Medical History

Do you have a family history of hearing loss? Yes No

Were you exposed to loud noise (occupational, military, recreational)? Yes No

If yes, please describe: _____

Have you had recent ear pain or infections? Yes No

Have you had head trauma? Yes No

Any history of chemotherapy, radiation, or ototoxic medications? Yes No

If yes, specify: _____

Do you have diabetes, high blood pressure, or other chronic illnesses? Yes No

What is your main goal for today's appointment? _____

Answer every question. Do not skip any questions.

	No	Sometimes	Yes
Does a hearing problem cause you to feel embarrassed when you meet new people?			
Does a hearing problem cause you to feel frustrated when talking to family members?			
Do you have difficulty hearing / understanding co-workers, clients, or customers?			
Do you feel handicapped by a hearing problem?			
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
Does a hearing problem cause you difficulty in the movies or in the theater?			
Does a hearing problem cause you to have arguments with family members?			
Does a hearing problem cause you difficulty when listening to TV or radio?			
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			

Tinnitus Inventory Answer every question. Do not skip any questions.

Name:	DOB:	No	Sometimes	Yes
Because of your tinnitus, is it difficult for you to concentrate?				
Does the loudness of your tinnitus make it difficult for you to hear people?				
Does your tinnitus make you angry?				
Does your tinnitus make you feel confused?				
Because of your tinnitus, do you feel desperate?				
Do you complain a great deal about your tinnitus?				
Because of your tinnitus, do you have trouble falling to sleep at night?				
Do you feel as though you cannot escape your tinnitus?				
Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies, etc.)?				
Because of your tinnitus, do you feel frustrated?				
Because of your tinnitus, do you feel that you have a terrible disease?				
Does your tinnitus make it difficult for you to enjoy life?				
Does your tinnitus interfere with your job or household responsibilities?				
Because of your tinnitus, do you find that you are often irritable?				
Because of your tinnitus, is it difficult for you to read?				
Does your tinnitus make you upset?				
Do you feel that your tinnitus problem has placed stress on your relationships with members of your family or friends?				
Do you find it difficult to focus your attention away from your tinnitus and on other things?				
Do you feel that you have no control over your tinnitus?				
Because of your tinnitus, do you often feel tired?				
Because of your tinnitus, do you feel depressed?				
Does your tinnitus make you feel anxious?				
Do you feel that you can no longer cope with your tinnitus?				
Does your tinnitus get worse when you are under stress?				
Does your tinnitus make you feel insecure?				