



HEARING HEALTH ASSESSMENT

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email: _____

When was your last hearing evaluation? _____ Performed by: _____

What were the results/ recommendations? _____

How long ago did you notice a decline in your hearing?

Within past 90 days 1-3 years 4-6-years 7-10 years 10+ years

Is your hearing loss in one or both ears? R L Both

Do you have any ringing/ buzzing sounds in your ears? Yes No

Do you have any pain/discomfort or drainage from your ears? Yes No

Do you have any dizziness/ imbalance issues? Yes No

Do you have a history of loud noise exposure? Yes No

Has anyone in your family suffered hearing loss? Yes No If so, who? _____

Have you ever had any surgeries on your ears? Yes No

If so, please explain _____

Do you take any medications on a regular basis? Yes No

If so, what are these medications for?

Please list any major surgeries/ illnesses within the past 10 years:

Do you wear or have you ever worn an assistive listening device/ hearing aid? Yes No

If so, what make/ model? _____ How old is the device? _____

Are you happy with your current hearing aids? _____

Does your hearing... (Circle One)

Make it difficult for you to converse on the telephone? **Yes** **Sometimes** **No**

Cause others to complain that you turn up the television or radio too loud? **Yes** **Sometimes** **No**

Cause you difficulty following a conversation in a restaurant? **Yes** **Sometimes** **No**

Limit or hamper your personal or social life? **Yes** **Sometimes** **No**

Cause you to have to ask people to repeat themselves? **Yes** **Sometimes** **No**

Cause you to have difficulty hearing when in background noise? **Yes** **Sometimes** **No**

Cause you to have difficulty hearing women or children's voices? **Yes** **Sometimes** **No**

Cause you to hear people speak, but fail to understand what they are saying? **Yes** **Sometimes** **No**

Cause you to feel as though others mumble? **Yes** **Sometimes** **No**

Please provide the top listening situations where you would like to hear better:

Dr. Isidore Kirsh, Ph.D

Dr. Kimberly Rudolph, AuD

Dr. Rachael Rennert, AuD

a member of **AUDIGY GROUP**[™]_{LLC}