

Confidential Patient Analysis Chart

Patient : _____ Date: _____

History of Hearing Loss:

Are you experiencing ear pain? ☐ Yes ☐ No

Have you ever had ear surgery? ☐ Yes ☐ No

Do you have ringing in your ears? ☐ Yes ☐ No

Will this be your first hearing test? ☐ Yes ☐ No

If no, when was your last test? _____

In which ear is your hearing most impaired? ☐ Left ☐ Right

Did your hearing impairment develop: ☐ suddenly ☐ gradually?

Have you experienced acute or chronic dizziness? ☐ Yes ☐ No

Do you have a family history of hearing loss? ☐ Yes ☐ No ☐ I don't know

Do you think you know the cause of your hearing loss? ☐ Yes ☐ No

If yes, what do you think caused your hearing loss? _____

Have you noticed any change in your ability to remember? ☐ Yes ☐ No

Have you been examined by a doctor in the past six months? ☐ Yes ☐ No

Has hearing in one or both ears rapidly decreased within the previous 90 days? ☐ Yes ☐ No

Do you have a history of, or active drainage from the ear within the previous 90 days? ☐ Yes ☐ No

History of Communication Problems:

***NOTE: Current hearing aid users,
please answer specifically for the times
when you are wearing your hearing aids.**

Do you often ask others to repeat? ☐ Yes ☐ No

Do you ever have difficulty hearing on the telephone? ☐ Yes ☐ No

Do you ever have difficulty understanding your spouse's voice? ☐ Yes ☐ No

Do others ever mention that you turn the radio or television up too loud? ☐ Yes ☐ No

Do you find it difficult to understand conversation in noisy places? ☐ Yes ☐ No

Does a hearing impairment hamper your personal and/or social life? ☐ Yes ☐ No

If a hearing loss is discovered and may be helped, are you ready for help? ☐ Yes ☐ No

Do you ever HEAR conversation loud enough, but cannot UNDERSTAND the words? ☐ Yes ☐ No

If you need hearing aids, is it important to you that they not be visible? ☐ Yes ☐ No

What comment(s) have others made about your hearing? _____

In what situation do you have the most difficulty understanding conversation? _____

History of Hearing Aid Use:

Do you wear hearing aids in your ☐ left ear ☐ right ear ☐ both ears?

If so, might you be experiencing any difficulties with your hearing aids? Explain: _____