Needs assessment to be completed by the patient

Patient name: _____ Date _____

Reason for today's appointment: _____

Have you had ear surgery? ___ yes ___ no List any serious illnesses _____ Diabetic? __yes __no

When was your last hearing exam? _____ By whom? _____

What were the recommendations? _____

How long have you been aware of your hearing loss? ____ 1-5 years ____ 6-10 years ____ More than 10 years

In which ear is your hearing better?	Right	Left
Have you ever used hearing aids?	Yes	No
Have you experienced a sudden or progressive hearing loss within the last 90 days?	Yes	No
Have you experienced any drainage from your ear(s) within the last 90 days?	Yes	No
Do you suffer from pain or discomfort in your ear(s)?	Yes	No
Do you suffer from acute or chronic dizziness?	Yes	No

Do You:	Yes	No	Sometimes
find it difficult to follow a conversation in a noisy restaurant or crowded room?			
feel that people are mumbling or not speaking clearly?			
have difficulty understanding in the movie theater?			
find it difficult to understand a speaker at a public meeting or religious service?			
find yourself asking people to speak up or repeat themselves?			
find men's voices easier to understand than voices of women or children?			
experience difficulty understanding soft or whispered speech?			
have difficulty understanding speech on the telephone?			
attend work or social meetings where you need to be able to communicate amidst group conversation?			
spend time in loud environments (sporting events, concerts, live theater) where you need to hear in the presence of background noise?			
visit friends, relatives or neighbors less often than you would like due to your hearing loss?			
experience ringing or noises in your ears?			
work or need to communicate with people in a professional environment throughout the day?			
have finger and/or hand dexterity problems?			

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

1. _____ 2. _____ 3. _____

Rank these factors in order of importance to you: ___Cosmetic ___Price ___Function of hearing aid ___Ease of use

What is your living environment? ___With family ___Live alone ___Retirement community ___ Assisted Living