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Dallas, TX 75231  
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Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Hearing History (Hearing Aid Wearer)

	Yes	No		
Have you been examined by a physician in the past 6 months regarding your ears?	<input type="checkbox"/>	<input type="checkbox"/>		
When was your last hearing test?	_____			
In which ear is your hearing better?	Left	Right	Same	
How did your hearing loss develop?	Gradually	Suddenly	Past 90 days	
How long have you experienced hearing difficulty?	_____			
Have you ever had wax removed from your ears by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, when _____				
Have you ever had ear surgery?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, please explain: _____				
Have you had any ear infections?	frequently	rarely	never	childhood only
Have you ever been exposed to loud noise in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, please explain: _____				
What do you believe caused your hearing loss? _____				
Have you had any recent serious illness or hospitalization	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, please explain: _____				
Do you have ringing or noises (tinnitus) in your ears?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a family history of hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, which family members: _____				
Have you ever had kidney disease/failure?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you ever had an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>		

## General Health History

### Do you have any of the following:

Acute or recurring dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: _____		
Pain in your ears?	<input type="checkbox"/>	<input type="checkbox"/>
Sinus/Allergy problems?	<input type="checkbox"/>	<input type="checkbox"/>
Does it affect your hearing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking blood thinning medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Please list any current medications (including over-the-counter) that you are taking:		
_____		
_____		
_____		
_____		

(OVER)

# BETTER HEARING QUESTIONNAIRE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following regarding your hearing aid/s:

How many hours per day do you wear your hearing device/s?				
Do you have any concerns with comfort or retention?	Yes	No		
If yes, please explain:				
Do you have excessive feedback or whistling from one or both aids?	Yes	No		
Do you use a drying box daily to remove excess moisture from the aid/s?	Yes	No		
Do you clean your hearing device/s thoroughly every week?	Yes	No		
How well do you hear in the following situations?				
Conversations with 1 or 2 people	Very well	Good	Fair	Poor
Watching TV	Very well	Good	Fair	Poor
In the car	Very well	Good	Fair	Poor
On the telephone	Very well	Good	Fair	Poor
At a noisy restaurant/party	Very well	Good	Fair	Poor
At a meeting/lecture	Very well	Good	Fair	Poor
At work	Very well	Good	Fair	Poor
At church or other social venue	Very well	Good	Fair	Poor
On a scale of 1-10, with 1 being "Not at all Satisfied" and 10 being "Very Satisfied," how satisfied are you with your current hearing devices? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Not at all Satisfied <span style="margin-left: 200px;">Satisfied</span> <span style="float: right;">Very Satisfied</span>				
If your answer was less than 5, please explain:				

If considering new hearing aids, what are your priorities (rate items 1-6, with 1 being the most important and 6 being the least important)?

- |   |   |
|---|---|
| _____ Understanding Speech Better                 | _____ Comfort                           |
| _____ Inconspicuous Appearance (size)             | _____ Performance in Noisy Surroundings |
| _____ Price of Hearing Aids (\$1500 - \$3600/ear) | _____ Service                           |