

10. Is there a history of hearing loss in your immediate family? Yes___ No___
If yes, who: _____

11. Medical problems (check all that apply):

Infectious disease ___ Diabetes ___ Heart problems ___
Head injury ___ High blood pressure ___ Headache ___
Kidney failure ___ Pacemaker/Defibrillator ___ Allergies ___
Other (please explain): _____

12. Have you had your hearing tested before? Yes___ No___
If yes, when and where? _____

13. Have you ever worn a hearing aid(s)? Yes ___ No ___
If yes, how would you rate your experience with your hearing aid(s) on a scale
of 0 (terrible) to 10 (great)? _____

14. In what situations would you most like hearing aids to help you (if recommended)?
Conversations with family or friends ___ TV ___ Telephone ___ In the car ___
Places of worship ___ Music ___ Other: _____

15. Select all that apply:

- ___ I am not ready for hearing aids at this time.
- ___ I have been thinking that I might need hearing aids.
- ___ I have started to seek information about hearing aids.
- ___ I am ready to wear hearing aids if they are recommended.
- ___ I am comfortable with the idea of wearing hearing aids.
- ___ I currently wear hearing aids.
- ___ I do not think I have a hearing problem.

Comments or questions for the audiologist:

Who may we thank for referring to our Audiology practice? _____