

Lifestyle Questionnaire

Patient name: _____ Today's date: _____

Medical History

Reason for today's appointment: _____

Allergies to medications, plastics, etc.: _____

Current Medications: **__(PLEASE LIST ON THE SEPARATE MEDICATION FORM)** _____

Have you ever had ear surgery? Y / N If yes, which ear? R / L

Describe: _____

Please list all major surgeries (past 10 years): _____

Please list any serious illnesses (past 10 years): _____

Are you diabetic? Y / N

Hearing History

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

What were the recommendations? _____

How long ago did you notice difficulties in your hearing?

Circle one: Recently 1-3 years 4-6 years 7-10 years More than 10 years

Have you ever used assistive listening devices? Y / N

In which ear do you feel your hearing is poorer? Right / Left Same

Which ear do you use on the telephone? Right / Left Either

Have you experienced sudden or progressive hearing loss within the last 90 days?..... Right / Left Both Neither

Have you experienced any drainage from your ear(s) within the last 90 days? Right / Left Both Neither

Do you suffer from pain or discomfort in your ear(s)? Right / Left Both Neither

Do you suffer from acute or chronic dizziness? Y / N

Hearing Assessment

1. Do you feel that people are mumbling or not speaking clearly? Y / N
2. Do you find yourself asking people to speak up or repeat themselves? Y / N
3. Do you find men's voices easier to understand than voices of woman or children? Y / N
4. Do you experience difficulty understanding soft or whispered speech? Y / N
5. Do you have difficulty understanding speech on the telephone? Y / N
6. Does difficulty with hearing cause you to visit friends, relatives or neighbors less often than you would like?..... Y / N
7. Do you experience ringing or noises in your ears? Y / N
8. Do you find it difficult to understand a speaker at a public meeting or religious service? Y / N
9. Do you find it difficult to follow a conversation in a noisy or crowded room? Y / N
10. Do you spend time in loud environments (concerts, sporting events etc.) where you need to hear in the presence of background noise?..... Y / N
11. Do you attend work or social meetings where you need to be able to communicate amidst group conversation?..... Y / N
12. Are you actively working or need to communicate with people throughout the day? Y / N

Listening Environment Rating

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

1. _____
2. _____
3. _____

Lifestyle Considerations

Circle those that apply:

1. What factors are important to you?

- Cosmetics
- Price
- Handling/ dexterity
- Ease of use/automatic

2. What types of phone(s) do you usually use?

- Desk or Wall
- Speaker or Handset
- Mobile

3. Which of the following best describes your living environment?

- Assisted Retirement Community
- Independent Retirement Community
- Live Alone
- Live with family
- Have pets