Hearing Care
Communication is Life
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PATIENT HISTORY (CONTINUED)

Name: _____

What would you consider to be your chief communication problem? In what situation(s) do you notice the most difficulty hearing or understanding?

_____

Have you ever worn a hearing aid?: ■ Yes ■ No If yes, how long? _____

Please answer the following questions about your current situation (whether you wear hearing aids or not).

1. Are you outgoing and very socially active? ■ Yes ■ Sometimes ■ No
2. Do family members or friends tend to leave you out of detailed discussions because of your hearing difficulty? ■ Yes ■ Sometimes ■ No
3. Do you avoid gatherings or say very little in groups for fear of making inappropriate responses due to poor hearing? ■ Yes ■ Sometimes ■ No
4. In groups do you try to do most of the talking, seldom letting others steer the conversation, to avoid 'mishearing'? ■ Yes ■ Sometimes ■ No
5. If misunderstandings occur due to your hearing loss, do your attempts to 'repair' the situation usually fail? ■ Yes ■ Sometimes ■ No
6. In a discussion do you usually make non-committal or neutral responses for fear of not hearing clearly? ■ Yes ■ Sometimes ■ No

DO YOU HAVE DIFFICULTY HEARING

With one person in quiet? ■ Yes ■ Sometimes ■ No

With one person in noise? ■ Yes ■ Sometimes ■ No

Watching TV? ■ Yes ■ Sometimes ■ No

In small groups of people (2-3) in quiet? ■ Yes ■ Sometimes ■ No

In small groups of people (4 or more) in quiet? ■ Yes ■ Sometimes ■ No

In large groups of people in noise? ■ Yes ■ Sometimes ■ No

At a religious center? ■ Yes ■ Sometimes ■ No

In meetings, classes or lectures? ■ Yes ■ Sometimes ■ No

In the car? (alone or with others) ■ Yes ■ Sometimes ■ No

On your home phone? ■ Yes ■ Sometimes ■ No

On your cell phone? ■ Yes ■ Sometimes ■ No

At work? ■ Yes ■ Sometimes ■ No

In a noisy environment (shop/production floor)? ■ Yes ■ Sometimes ■ No

At the theatre or movies? ■ Yes ■ Sometimes ■ No

With children's or women's voices? ■ Yes ■ Sometimes ■ No

At a party? ■ Yes ■ Sometimes ■ No

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