

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).

- Are you outgoing and very socially active? Yes Sometimes No
- Do family members or friends tend to leave you out of detailed discussions because of your hearing difficulty? Yes Sometimes No
- Do you avoid gatherings or say very little in groups for fear of making inappropriate responses due to poor hearing? Yes Sometimes No
- In groups, do you try to do most of the talking, seldom letting others steer the conversation, to avoid 'mishearing'? Yes Sometimes No
- If misunderstandings occur due to your hearing loss, do your attempts to 'repair' the situation usually fail? Yes Sometimes No
- 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? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | In the car? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| With one person in noise? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | (alone or with others) | |
| Watching TV? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | On your home phone? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| In small groups of people (2-3) in quiet? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | On your cell phone? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| In small groups of people (4 or more) in quiet? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | At work? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| In large groups of people in noise? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | In a noisy environment (shop/production floor)? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| At a religious center? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | At the theatre or movies? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| In meetings, classes or lectures? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No | With children's or women's voices? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| | | At a party? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |