



5 N Maple Avenue, Suite 100

First visit

La Plata, Maryland 20646

Follow-up

Center for Dizziness and Imbalance

410-696-3669 ph | 410-695-3769 fax

Annual check

HEARING HEALTH QUESTIONNAIRE

Patient's Name

Today's Date

Describe the purpose of today's visit

Circle Y for Yes or N for No for each of the following statements about your hearing health.

Do you think you have a hearing loss? Y N If yes, which ear? R L Both

Do family or friends think you have a hearing loss? Y N

Do you have difficulty hearing in a group? Y N

Do you have difficulty hearing on the telephone? Y N

Do you have difficulty hearing the television? Y N

Have you ever had earwax removed by a doctor? Y N If yes, which ear? R L Both

Do you have any pain or fullness in your ears? Y N If yes, which ear? R L Both

Do you have any active discharge from your ears? Y N If yes, which ear? R L Both

Have you ever experienced sudden dizziness? Y N

Have you experienced long-term dizziness? Y N

Do you have any eye or vision difficulties? Y N

Have you experienced sudden hearing loss? Y N If yes, which ear? R L Both

Do you have any family history of hearing loss? Y N

Do you have any history of loud noise exposure? Y N

Have you ever had surgery on your ears? Y N If yes, which ear? R L Both

Do you have any ringing or buzzing in your ears? Y N If yes, which ear? R L Both

When was your last hearing test?

Do you currently or have you ever worn hearing aids? Y N If yes, describe them and your experience using them.

What do you enjoy doing in your free time?

Has your hearing loss limited your ability to enjoy yourself or the company of others?

Was there anything that wasn't covered that you would like to share?

Please check the answer that comes closest to your everyday experience.

A for "Always" or 100% of the time

H for "Half the time" or 50% of the time

O for "Occasionally" or 25% of the time

N for "Never" or 0% of the time

A H O N

1	When I am in a crowded grocery store, I can hear and understand the cashier.				
2	I miss a lot of information when listening to a lecture or listening to a sermon.				
3	Unexpected sounds, like an alarm bell or a smoke detector, are uncomfortable.				
4	I have difficulty hearing conversation when at home with one of my family.				
5	I have trouble understanding dialogue in a television show or movie.				
6	When I am listening to the news on the radio in the car, and other people in the car are talking, I have trouble hearing the radio.				
7	It is difficult to have a conversation with one person when at dinner with a group.				
8	Traffic noises are too loud.				
9	When I am talking to someone across a big, empty room, I can understand the words.				
10	In a small office setting, interviewing or answering questions, I have difficulty following the conversation.				
11	When I watch a movie in the theater, I can still hear dialogue even if people around me are whispering or opening snacks.				
12	I have difficulty hearing and understanding when having a quiet conversation with a friend.				
13	The sounds of running water in a shower or toilet are uncomfortably loud.				
14	When a speaker is addressing a small group and everyone is listening quietly, I have to strain to understand.				
15	It is hard to understand quiet, private conversation with my doctor when in the exam room.				
16	I can understand conversations even when several people are talking.				
17	The sounds of construction work are uncomfortably loud.				
18	It is hard to understand what is being said at lectures or church services.				
19	I can communicate with others when we are in a crowd.				
20	The sound of a fire engine nearby is so loud that I need to cover my ears.				
21	I can follow the words of a sermon when listening to religious services.				
22	The sound of screeching tires is uncomfortably loud.				
23	I have to ask people to repeat themselves in one-on-one conversation in a quiet room.				
24	I have trouble understanding others when an air conditioner or fan is on in the room.				