ADVANCED HEARING
SERVICES, INC.
An affiliation of Otolaryngology Associates, PC

HEARING QUESTIONNAIRE

1. Do you suspect a hearing loss? ☐ Yes ☐ No

2. Have you ever worn a hearing aid? ☐ Yes ☐ No

3. Which situations cause the greatest difficulty in hearing?
   ☐ TV ☐ Telephone ☐ Home ☐ Work
   ☐ Soft Voices ☐ Parties ☐ Large Groups ☐ Lectures
   ☐ Other:
   _____

4. Which ear do you customarily use on the telephone? ☐ Left ☐ Right

5. Have you been exposed to loud noises at work? ☐ Yes ☐ No

6. Have you been exposed to loud noises during recreation? ☐ Yes ☐ No

7. Do you have any family members with hearing problems? ☐ Yes ☐ No

8. Do you have any family members with hearing aids? ☐ Yes ☐ No

9. Do you ever experience dizziness? ☐ Yes ☐ No

10. Do you ever experience tinnitus or experience ringing or hear other noises in your ears? ☐ Yes ☐ No

11. Have you ever been treated for heart disease? ☐ Yes ☐ No

12. Have you ever been treated for cancer? ☐ Yes ☐ No

13. Have you ever been treated for diabetes? ☐ Yes ☐ No

14. Have you ever suffered a head injury? ☐ Yes ☐ No

15. Are you currently on medications? ☐ Yes ☐ No
    If yes, please list:_____
    _____

16. Do you have any allergies? ☐ Yes ☐ No
    If yes, please list:_____
    _____