

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ringling in your ears? Yes \_\_\_\_\_ No \_\_\_\_\_ Dizziness or lightheadedness? Yes \_\_\_\_\_ No \_\_\_\_\_

Pain or drainage in your ears? Yes \_\_\_\_\_ No \_\_\_\_\_ Do your ears feel full or plugged? Yes \_\_\_\_\_ No \_\_\_\_\_

Head injury or stroke? Yes \_\_\_\_\_ No \_\_\_\_\_ Excessive noise exposure work or hobbies? Yes \_\_\_\_\_ No \_\_\_\_\_

Ear surgery? \_\_\_\_\_ Which ear? \_\_\_\_\_ When? \_\_\_\_\_

Hearing loss in right ear? \_\_\_\_\_ Left ear? \_\_\_\_\_ Both ears? \_\_\_\_\_

How long have you had trouble hearing and understanding? \_\_\_\_\_

Have you ever used hearing instruments? \_\_\_\_\_

Are you currently using hearing instruments? \_\_\_\_\_

How did you learn about AAA Hearing? \_\_\_\_\_  
(friend, ad, newspaper, television, etc.)

Our goal is to maximize your ability to hear so that you can more easily communicate with others. In order to reach this goal, it is important that we understand your communication needs, your personal preferences and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing devices that are most appropriate for you. By working together we will find the best solution for you.

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How important is it for you to improve your hearing right now? Mark an X on the line.

*Not Very Important* \_\_\_\_\_ *Very Important*

3. How motivated are you to wear and use hearing devices? Mark an X on the line.

*Not Very Motivated* \_\_\_\_\_ *Very Motivated*

4. How well do you think hearing devices will improve your hearing? Mark an X on the line.

*Not be helpful at all* \_\_\_\_\_ *Greatly improve my hearing*