

Hearing Aid History

Patient Name: _____ Date: _____

Current hearing aid technology: _____

Hearing aid style: ___ In-the-ear hearing aid ___ Behind-the-ear hearing aids

Do you use hearing aids in both ears? ___ Yes ___ No

My current hearing technology performance is satisfactory

	Always	Sometimes	Never
While in background noise			
At religious services			
At the movies			
In the car			
On the phone			
In a conference room			
In a restaurant			
While listening to music			
While watching TV			
In group conversations			
In conversations with spouse			
In conversations with children			

Please provide the top three listening situations where you would like to hear better

Notes

1. _____
2. _____
3. _____