

**Middle Tennessee State University
Speech-Language-Hearing Clinic
P.O. Box 364
Murfreesboro, TN 37132**

CASE HISTORY ADULT HEARING EVALUATION

Name _____ Date _____

1. Please tell us about your hearing concerns.

2. My hearing is _____.
A. Better in the right ear. B. Better in the left ear. C. About the same in both ears.

3. Do you have difficulty hearing _____?
A. in noisy places ☐ Yes ☐ No D. the television ☐ Yes ☐ No
B. in quiet places ☐ Yes ☐ No E. over the telephone ☐ Yes ☐ No
C. in restaurants ☐ Yes ☐ No F. the direction of sounds ☐ Yes ☐ No

4. Do you have a history of _____?
A. ear infections ☐ Yes ☐ No G. ear pain ☐ Yes ☐ No
B. allergies ☐ Yes ☐ No H. headaches ☐ Yes ☐ No
C. fluctuation in hearing ☐ Yes ☐ No I. ear surgery ☐ Yes ☐ No
D. dizziness ☐ Yes ☐ No J. noise exposure ☐ Yes ☐ No
E. fullness in ears ☐ Yes ☐ No K. ringing or roaring ☐ Yes ☐ No
F. hearing loss in family ☐ Yes ☐ No

5. Have you had _____?
A. meningitis ☐ Yes ☐ No G. diabetes ☐ Yes ☐ No
B. measles ☐ Yes ☐ No H. kidney disease ☐ Yes ☐ No
C. scarlet fever ☐ Yes ☐ No I. seizures ☐ Yes ☐ No
D. tuberculosis ☐ Yes ☐ No J. multiple sclerosis ☐ Yes ☐ No
E. syphilis ☐ Yes ☐ No K. concussion ☐ Yes ☐ No
F. head fracture ☐ Yes ☐ No L. chemotherapy ☐ Yes ☐ No

6. Are you currently taking any medication? ☐ Yes ☐ No
If yes, please list. _____

7. Have you previously worn hearing aides? ☐ Yes ☐ No

8. Please use the space below to give us additional information you feel would be helpful to the person testing your hearing.