**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Better in the right ear. B. Better in the left ear. C. About the same in both ears.
4. Do you have difficulty hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_?
5. in noisy places □ Yes □ No D. the television □ Yes □ No
6. in quiet places □ Yes □ No E. over the telephone □ Yes □ No
7. in restaurants □ Yes □ No F. the direction of sounds □ Yes □ No
8. Do you have a history of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?
9. ear infections □ Yes □ No G. ear pain □ Yes □ No
10. allergies □ Yes □ No H. headaches □ Yes □ No
11. fluctuation in hearing □ Yes □ No I. ear surgery □ Yes □ No
12. dizziness □ Yes □ No J. noise exposure □ Yes □ No
13. fullness in ears □ Yes □ No K. ringing or roaring □ Yes □ No
14. hearing loss in family □ Yes □ No
15. Have you had \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?
16. meningitis □ Yes □ No G. diabetes □ Yes □ No
17. measles □ Yes □ No H. kidney disease □ Yes □ No
18. scarlet fever □ Yes □ No I. seizures □ Yes □ No
19. tuberculosis □ Yes □ No J. multiple sclerosis □ Yes □ No
20. syphilis □ Yes □ No K. concussion □ Yes □ No
21. head fracture □ Yes □ No L. chemotherapy □ Yes □ No
22. Are you currently taking any medication? □ Yes □ No

If yes, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you previously worn hearing aides? □ Yes □ No
2. Please use the space below to give us additional information you feel would be helpful to the person testing your hearing.