

## Centre for Hearing and Balance Disorders

# Audiology Assessment

You have been referred for an audiology assessment because you are having difficulties with your hearing.

In this appointment we will assess your hearing and discuss ways to help with your difficulties. This may include: communication tactics, the use of hearing aids, equipment or other strategies.

**\*\*\*Please fill in this questionnaire and bring it with you to your assessment\*\*\***

Do you feel your hearing difficulties came on gradually or suddenly?

*(Please circle)*

Gradual

Sudden

Not aware of any hearing difficulties

Is your hearing the same in both ears?

Yes / No

Have you ever worn a hearing aid before?

Yes / No

Do you ever get any ear pain?

Yes / No

Have you ever had infections in your ears?

Yes / No

Are you aware that you have any perforations in your ear drums?

Yes / No

Have you ever had any operations on your ears?

Yes / No



## Patient Information

Have you ever been exposed to a lot of noise at work or in your leisure time? Yes / No

Do you ever get noises in your ears or head (Tinnitus)? Yes / No

**If yes:** Is this in: (please circle)                      Head / Both ears / Left ear / Right ear

Do the noises last longer than 5 minutes? Yes / No

Do you have problems with your balance (Vertigo)? Yes / No

Please list any regular medication that you currently take:

**If you feel that you have hearing difficulties, please also answer the following:**

1. It is important for me to hear well in the following situations:

a. ....

b. ....

c. ....

2. How important is it for you to improve your hearing right now? *(please mark the line below)*



Not at all

Very Much

## Patient Information

3. If using a hearing aid is suggested following your assessment, which **one** of the following statements would apply to you? (*Please tick*)

- 1. I am not ready for hearing aids at this time
- 2. I have been thinking that I might need hearing aids
- 3. I have started to seek information about hearing aids
- 4. I am ready to get hearing aids if they are recommended
- 5. I am comfortable with the idea of wearing hearing aids

  
  
  
  

4. Who suggested that you try and get help with your hearing? (*Please tick*)

- a. It was my own idea
- b. The person I live with
- d. Another member of my family or friends
- f. My general practitioner (my doctor)
- h. Some other person

  
  
  
  

**Thank you for taking the time to fill this in.**

**Please remember to bring it with you to the appointment.**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact and we will do our best to meet your needs. The Trust operates a smoke free policy.

### Document History

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