## PATIENT HEARING CHECKLIST



| Diagrap about all item   |   |  |  |
|--|---|--|--|
|  | Please check all items that apply to you:   |  |  |
| ☐ I am younger than 18 years old.  |   |  |  |
| ☐ I hear much better in one ear than in the other ear.   |   |  |  |
| In the last 6 months, I suddenly cannot hear out of one or both ears as well as I used to.  I have ringing, rogging, or beening in one or both of my ears. |   |  |  |
|  |   |  |  |
|  | ory of taking medication that causes h  | •  |  |
| I have a history of chemotherapy and/or radiation in the head and neck region.   |   |  |  |
| In the last 6 months, I have noticed active drainage from one or both of my ears.  |   |  |  |
| I have constant pain or discomfort in one or both of my ears.  |   |  |  |
| ☐ I experience   | dizziness.  |  |  |
| If you check any one of the boxes above, an OTC hearing aid may not work for you.  |   |  |  |
| Consult with an audiologist. Please see pharmacist for recommendation.   |   |  |  |
|  |   |  |  |
| Reflect on your hearing in quiet and noisy environments,   |   |  |  |
|  |   |  |  |
| and check the colur  | nn that best describes you:   |  |  |
| This Best Describes Me   | nn that best describes you:  Quiet Environments   | Noisy Environments   |  |
|  |   | Noisy Environments  I have good hearing; I rarely have difficulty following/participating in a conversation.   |  |
|  | Quiet Environments  | I have good hearing; I rarely have difficulty  |  |
|  | Quiet Environments  I have good to excellent hearing.  I do not have problems hearing   | I have good hearing; I rarely have difficulty following/participating in a conversation.  I may have difficulty following/   |  |
|  | Quiet Environments  I have good to excellent hearing.  I do not have problems hearing what people say.  | I have good hearing; I rarely have difficulty following/participating in a conversation.  I may have difficulty following/participating in a conversation.  I have difficulty hearing and  |  |
|  | Quiet Environments  I have good to excellent hearing.  I do not have problems hearing what people say.  I have difficulty hearing a normal voice.   | I have good hearing; I rarely have difficulty following/participating in a conversation.  I may have difficulty following/participating in a conversation.  I have difficulty hearing and participating in a conversation.   |  |
|  | Quiet Environments  I have good to excellent hearing.  I do not have problems hearing what people say.  I have difficulty hearing a normal voice.  I can hear speech if it is loud speech.  I can hear loud speech if it  | I have good hearing; I rarely have difficulty following/participating in a conversation.  I may have difficulty following/participating in a conversation.  I have difficulty hearing and participating in a conversation.  I have great difficulty hearing and participating in a conversation.  I have very great difficulty hearing and   |  |
|  | Quiet Environments  I have good to excellent hearing.  I do not have problems hearing what people say.  I have difficulty hearing a normal voice.  I can hear speech if it is loud speech.  I can hear loud speech if it is directly in my ear.                                   | I have good hearing; I rarely have difficulty following/participating in a conversation.  I may have difficulty following/participating in a conversation.  I have difficulty hearing and participating in a conversation.  I have great difficulty hearing and participating in a conversation.  I have very great difficulty hearing and participating in a conversation.  |  |
| This Best Describes Me   | Quiet Environments  I have good to excellent hearing.  I do not have problems hearing what people say.  I have difficulty hearing a normal voice.  I can hear speech if it is loud speech.  I can hear loud speech if it is directly in my ear.  I have great difficulty hearing. | I have good hearing; I rarely have difficulty following/participating in a conversation.  I may have difficulty following/participating in a conversation.  I have difficulty hearing and participating in a conversation.  I have great difficulty hearing and participating in a conversation.  I have very great difficulty hearing and participating in a conversation.  I cannot hear any speech.  I cannot hear any speech or sound. |  |

Please see pharmacist for recommendation.