

CASE HISTORY

	YES	NO	SPECIFY WHEN NECESSARY
Do you use any chronic medication?			
Do you have any sinus problems?			
Do you experience any ringing sound in your ear?			
Do you experience any problems with your hearing?			
<i>If YES, when did it start?</i>			
Did it start suddenly/slowly or fluctuating?			
Have you been seen by an ENT specialist before?			
<i>If YES, who?</i>			
Have you had any ear operations?			
Do you experience any of the following ? Ear pain, Dizziness, Fainting, Nausea or drainage?			
Have you been exposed to loud noise before?			
Do you hear better with a specific ear, or don't you notice a difference? If so, which ear?			
Do you speak louder or softer than other people?			
Are there any environmental sound which hurts your ears, or you find irritating? If Yes, please specify?			
Do you struggle to hear any of the following ?			
<i>Whisper speech</i>			
<i>Telephone</i>			
<i>Doorbell</i>			
<i>Speech from another room</i>			
<i>Aeroplanes</i>			
<i>TV at a normal intensity</i>			
<i>Radio at a normal intensity</i>			
<i>Speech when the speaker's face is not visible</i>			
<i>Speech in group situations</i>			
<i>Speech in background noise</i>			
Have you been for a hearing test before? If YES, how long ago?			
Do you currently use a hearing aid?			
<i>If YES, when did you get it?</i>			
<i>Which type? (Starkey, Siemens, Oticon etc)</i>			
<i>In which ear or both?</i>			
<i>How often do you use your hearing aid?</i>			
<i>Do you experience any problems you're your hearing aid?</i>			