



Hearing Screening (Adults)

Name _____ Birth Date _____

Age _____

Screening Unit/Examiner _____ Calibration Date _____

CASE HISTORY—CIRCLE APPROPRIATE ANSWERS

Do you think you have a hearing loss? Yes No

Have hearing aid(s) ever been recommended for you? Yes No

Is your hearing better in one ear? Yes No

If yes, which is the better ear? Right Left

Have you ever had a sudden or rapid progression of hearing loss?

Do you have ringing or noises in your ears? Yes No

If yes, Right Left Both

Do you consider dizziness to be a problem for you? Yes No

Have you had recent drainage from your ear(s)? Yes No

If yes, Right Left

Do you have pain or discomfort in your ear(s)? Yes No

If yes, Right Left

Have you received medical consultation for any of the above conditions? Yes No

PASS **REFER**

VISUAL/OTOSCOPIC INSPECTION

PASS **REFER** Right Left

Referral for cerumen management _____ Referral for medical evaluation _____

PURE-TONE SCREEN (25 DB HL) (R = RESPONSE, NR = NO RESPONSE)

Frequency **1000** **2000** **4000 Hz**

Right Ear _____

Left Ear _____

PASS **REFER**

HEARING-DISABILITY INDEX

Score: HHIE-S _____ SAC _____ Other _____ Score _____

PASS **REFER**

Discharge _____ **Medical Examination** _____ **Counsel** _____
_____ **Cerumen** _____ **Management** _____

Comments _____

To locate an ASHA certified Audiologist, go to <http://www.asha.org/profind/>.