

**University of South Alabama Speech & Hearing Center**  
**Audiology Case History - ADULT**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**NUMBER OF CHILDREN:** \_\_\_\_\_ **REFERRED BY:** \_\_\_\_\_

1. Have you noticed some difficulty with your hearing? \_\_\_\_\_

2. When was your hearing loss first noticed and what were the symptoms? \_\_\_\_\_  
\_\_\_\_\_

3. Have you been treated for your loss? \_\_\_\_\_ If so, by whom and when? \_\_\_\_\_  
\_\_\_\_\_ What were the findings? \_\_\_\_\_

4. Have you had a sudden change in hearing? \_\_\_\_\_ in the last 6 months? \_\_\_\_\_  
1 year? \_\_\_\_\_ 2 years? \_\_\_\_\_

5. Do you have a history of ear infections or ear drainage? \_\_\_\_\_  
If so, when was the most recent infection? \_\_\_\_\_

6. Do you ever have ringing or buzzing in your ears? \_\_\_\_\_ Which ear? \_\_\_\_\_  
Is it constant? \_\_\_\_\_

7. Does your hearing fluctuate or stay the same? \_\_\_\_\_

8. Which is your better ear and why? \_\_\_\_\_

9. Do you hear better in a noisy or a quiet place? \_\_\_\_\_ What are your most difficult  
listening conditions? \_\_\_\_\_

10. Do you ever feel dizzy? \_\_\_\_\_ If so, describe: \_\_\_\_\_  
\_\_\_\_\_

11. Have you ever been exposed to loud noises in your employment? \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_

12. Have you ever been in the military? \_\_\_\_\_ If so, when and were you exposed to loud  
noises? \_\_\_\_\_

13. Do you participate in any recreational activities such as woodworking, hunting, or the use of  
machinery (i.e., farm equipment) ? \_\_\_\_\_  
Describe: \_\_\_\_\_

14. Have you ever been exposed to any other types of loud noises (i.e., fireworks or explosions)?  
Describe: \_\_\_\_\_
15. Have you worn hearing protection for any of the activities mentioned in questions 11 - 14?  
\_\_\_\_\_
16. Have you been away from loud noise for 14 - 16 hours prior to today's assessment? \_\_\_\_\_  
When was your last exposure to noise? \_\_\_\_\_
17. Have you ever worn a hearing aid? \_\_\_\_\_ Do you wear one now? \_\_\_\_\_  
If so, what make and model is it and how long have you worn it? \_\_\_\_\_  
When did you purchase it? \_\_\_\_\_ Who recommended the aid? \_\_\_\_\_  
Has your aid been satisfactory/unsatisfactory? \_\_\_\_\_
18. Does anyone in your family have a hearing problem? \_\_\_\_\_  
Describe: \_\_\_\_\_  
Do any of these relatives wear aids? \_\_\_\_\_ Satisfactorily: \_\_\_\_\_

### MEDICAL HISTORY

17. Do you have any allergies? \_\_\_\_\_ Describe: \_\_\_\_\_
19. Do you have Diabetes or high blood pressure? \_\_\_\_\_ At what age were you  
diagnosed? \_\_\_\_\_
20. Have you ever had surgery, especially to the head, neck, or ears? \_\_\_\_\_ When?  
\_\_\_\_\_ Describe: \_\_\_\_\_
21. Are you currently being treated by a physician for any major medical conditions? \_\_\_\_\_  
Describe: \_\_\_\_\_
22. Have you ever experienced a concussion or head injury? \_\_\_\_\_ When? \_\_\_\_\_
23. Have you ever had convulsions/ seizures? \_\_\_\_\_ When? \_\_\_\_\_
24. Have you ever had a stroke? \_\_\_\_\_ When? \_\_\_\_\_
25. Have you ever had kidney disease? \_\_\_\_\_ When? \_\_\_\_\_
26. Please list any diseases or illnesses you may have had and age contracted (i.e., mumps,  
measles, meningitis, or scarlet fever): \_\_\_\_\_  
\_\_\_\_\_
27. Please list all medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
28. Is there anything you would like to add or any comments that you feel are important? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_