

Speech, Language, and Hearing Clinics  
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## Welcome to the University of Arizona Clinic for Adult Hearing Disorders

We look forward to seeing you during your upcoming appointment. At that time, you will have:

- 1) A comprehensive discussion about your hearing and balance and any effects these may be having on your quality of life or communication.
- 2) An evaluation of your hearing
- 3) A discussion of the test results and our recommendations for follow up.

We encourage you to bring along a “frequent communication partner,” for example, a family member, close friend, who can share in the information that we provide during your appointment. As you realize if you are experiencing changes in your hearing – these can also affect those around you.



**Your hearing evaluation will cost from \$50 to \$125**, depending on the tests that are necessary. We encourage you to look into your insurance coverage. In most cases, this evaluation fee is not covered by insurance because either it is not a covered benefit or we are not in-network providers for most insurance. This means that you will be responsible for the cost of service at the time of your appointment.

### ***AN IMPORTANT NOTE TO OUR MEDICARE PATIENTS***

Medicare does not cover routine hearing evaluations or evaluations for the purpose of obtaining hearing aids. Medicare will sometimes cover evaluations deemed medically necessary by your physician. You are welcome to discuss this with your physician and obtain a referral, but please note that you may still be responsible for the cost of your hearing evaluation even with a referral if medical necessity is not evident from the wording of the referral.

Before you come in for your appointment, you may want to look over the website that describes our Programs for Adults with Hearing Loss: <http://lwhl.arizona.edu/>. You will find general information on hearing, hearing loss and technologies.

Clinical Faculty  
University of Arizona Hearing Clinic

# University of Arizona Comprehensive Hearing Aid and Hearing Loss Management Program

Learning how to adjust to and compensate for a hearing loss can sometimes be confusing and frustrating. Hearing aids are a very important part of this process. They make it possible for you to hear sounds that you would not hear otherwise. However, hearing aids are limited in how well they can solve ALL of your listening challenges, and they may not provide complete resolution of the problem. That's why it is so important to learn as much as possible about your own particular hearing loss and about all of the solutions available to you. At The University of Arizona Hearing Clinic, our Living WELL with Hearing Loss approach considers device selection and follow up as an important part of a more comprehensive program that is tailored for all of the needs related to your hearing loss and lifestyle needs.



## **What does a Living WELL with Hearing Loss approach mean to me?**

From the outset, your audiology team will discuss with you your history, explore the cause of the hearing loss, discuss results and their implications and the best solutions for you. If you decide that you want to follow through with hearing aids in our clinic, then we will have an in-depth discussion with you (we encourage you to include a family member, partner or friend in these discussions) about selection of the right technology. The individual steps in that process are described more fully below. We encourage you and a family member to attend our Living with Hearing Loss classes, and these are also described below.

**Description of Hearing Aid Program and Philosophy:** In most practices, when you purchase hearing aids, the total cost includes not only the devices but also all of the services associated with them. We take a different approach that allows you to see separately the invoice cost of the hearing aid and the professional fees for all of the related services. Our pricing is comparable to most practices in the community, but we provide you with a complete description of the professional services, as described below.

**Comprehensive, evidence-based device selection.** There are hundreds of different models of hearing aids and a wide variety of assistive devices from various manufacturers. The market changes rapidly. Our goal is to identify the characteristics of the ideal hearing instruments FOR YOU, based on your hearing loss, various objective tests of your ability to recognize speech in different environments, and your own personal listening demands. Based on this analysis, we select a manufacturer and hearing devices that best meet your needs, and the devices are ordered from the manufacturer individually. We maintain accounts with almost all of the major hearing instrument manufacturers and select from at least five different manufacturers at any given time. We stay informed about the most current hearing aid research and keep this in mind during the discussion and selection process.

**Fitting and verification.** Once the hearing aids and any other technologies have been received in the clinic, you return for a hearing aid fitting appointment. We assure that the hearing aids fit your ear well physically and that the sound is set properly for your hearing loss and needs. We take a scientific approach to this process using the latest technology to make fine-tuning adjustments based on actual measurements of what you are hearing. This is done by putting a small tube inside your ear canal while the hearing aids are in your ears. There is a

substantial body of research that suggests that this approach results in the most accurate and appropriate fit possible. Because of this, we start ALL of our hearing aid fittings with these measurements.

**Counseling and instruction.** After the hearing aids are adjusted appropriately for your hearing loss, we then counsel you on proper use and maintenance before you leave the clinic.

**Extensive follow up during initial adjustment period.** A critical part of the process is assuring that the hearing aids are working the best that they can for YOUR life and in the situations that you have determined that you want to improve. During the adjustment phase, we work with you to adjust the hearing aids based on your experience and feedback. Most hearing aids have additional programs that may be added through the software, and discussions about these programs continues after the initial fitting. It is critically important that you are satisfied with the devices before the final purchase is complete. If for any reason the hearing aids that we have selected are not meeting your needs, then we may select different devices, take a different approach or conclude that the fitting of hearing aids should be deferred. Working with and adjusting to hearing aids is a process, not a one-time appointment.

**Living Well with Hearing Loss Program.** Even the most advanced technologies available in today's hearing aids cannot always compensate completely for a hearing loss. These educational and support groups provide an excellent opportunity to gain information and to interact with others who are experiencing similar issues.

**Topics Include:**

*Understanding hearing and hearing loss*

*Interpreting the results of your hearing test (Be sure to bring along your own audiogram)*

*Hearing aids and other devices*

*Strategies for coping with difficult listening situations*

*Principles of speech reading*

*Special topics suggested by the group*

An accompanying person (spouse, partner, family member) is encouraged to attend classes also. These are very successful in helping you to understand your hearing loss and to learn better coping and communication strategies. Read more about the program at: [www.lwhl.arizona.edu](http://www.lwhl.arizona.edu).

**All follow up necessary during the first three years of hearing aid ownership.** You will be scheduled for regular follow up appointments every 6-12 months. This is critical to the process. As your brain adapts to hearing with your new hearing aids, adjustments can be made that will actually improve how well you hear with them. There is also routine maintenance of hearing aids that must be done periodically by a professional. During these follow up appointments we can verify that your hearing aids are functioning properly.

**Routine hearing aid maintenance and troubleshooting.** All hearing devices are prone to repair problems, most commonly related to earwax, sweat, body oils or moisture. We are available to assist you when these problems arise - either by making an appointment or dropping off the hearing aids in the clinic for maintenance. The clinic is open from 8:00 a.m. to 5:00 pm Monday through Friday with full closure from Christmas to New Year's Day. We have walk-in times available on most days from 11:00 a.m to noon. **All of the charges for these repairs and the time from your audiology team are covered for the first three years that you own your hearing aids.**

**YOUR COSTS:**

**Our Professional Fee:** These fees are standard and are the same no matter your choice of hearing aid:

	<b>Professional Fee</b>
<b>One Hearing Aid</b>	<b>\$600</b>
<b>Two Hearing Aids</b>	<b>\$1000</b>

**Cost of the Hearing Device:** You will be charged the manufacturer's invoice price of the hearing aid, plus an amount to cover shipping and processing. This cost ranges from approximately \$450 to \$2100 per hearing aid, depending on the device selected.

**UNIVERSITY OF ARIZONA HEARING CLINIC**  
**Speech, Language & Hearing Sciences, 1131 E. 2<sup>nd</sup> St.**  
**Tucson, AZ 85721-0071 Phone: 621-7070**

Audiology Case History – ADULT  
NEW PATIENT

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

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

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

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION or FORMER OCCUPATION: \_\_\_\_\_

SPOUSE/SIGNIFICANT OTHER'S NAME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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

2. When did you first start noticing the problem? \_\_\_\_\_

3. In what situations would you most like to hear better than you do now? \_\_\_\_\_

\_\_\_\_\_

4. What do you think caused this problem? \_\_\_\_\_

5. Previous hearing tests? \_\_\_\_\_ If yes, by whom, when and what was found? \_\_\_\_\_

\_\_\_\_\_

6. Have you ever worn a hearing aid? \_\_\_\_\_

a. Do you wear one now? (Make & model) \_\_\_\_\_

b. When did you first start wearing a hearing aid? \_\_\_\_\_

c. Has your hearing aid been satisfactory? \_\_\_\_\_

d. When did you purchase your present aid? \_\_\_\_\_

e. From whom did you purchase your present aid? \_\_\_\_\_

7. Has anyone else in your family ever had a hearing problem? Who? \_\_\_\_\_

\_\_\_\_\_

8. Do you have any history of ear infections or ear drainage? \_\_\_\_\_ If yes, when was the most

recent infection? \_\_\_\_\_

9. Do you ever have a ringing or buzzing in your ears over long periods of time? Yes\_\_\_ No\_\_\_

Right\_\_\_ Left\_\_\_ Both\_\_\_ Constant\_\_\_ Occasional\_\_\_

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

11. Which ear is better?\_\_\_\_\_ Why?\_\_\_\_\_

12. Do you ever feel dizzy?\_\_\_\_\_ If yes, describe the problem:\_\_\_\_\_

\_\_\_\_\_

13. Have you ever been exposed to loud noises either occupationally or recreationally?\_\_\_\_\_

Describe:\_\_\_\_\_

\_\_\_\_\_

14. Have you been away from loud noise for at least the past 48 hours?\_\_\_\_\_

15. Do you use tobacco? Yes No (Circle one)

16. Overall, how is your health? Excellent Good Fair Poor (Circle one)

17. Describe any serious illnesses, accidents, or surgeries that you have had. (Give age at occurrence)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Please share any other information you feel will be helpful:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Answering Questions

\_\_\_\_\_

Relationship to Patient



**If you anticipate you may be a candidate for hearing aids or other devices, please answer the additional questions**

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

**Please complete the following. Be as honest and precise as possible.**

Our goal is to best understand your communication needs, personal preferences, and expectations in order to recommend a hearing solution that is most appropriate for you.

- Below, please indicate how well you hear in the following situations and how often you are in each of these situations.

*Note: If you already wear hearing aids, please answer these questions assuming you are wearing your hearing aids.*

Listening situation	How well do you hear in this situation?			How often are you in this situation?		
	Poor	Fair	Good	Rarely	Sometimes	Often
Quiet room (1-2 people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large social gathering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors (i.e. wind noise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- List the top 3 situations you would most like to hear better.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- On a scale of 1 to 10, how well do you think a new hearing system will improve your hearing? Mark an "x" on the line. I expect it to:

*Not be helpful at all* 1.....10 *Greatly improve my hearing*

- What is your most important consideration regarding hearing aids? Please rank the following factors with 1 as the most important and 4 as the least important.

\_\_\_\_\_ *Hearing aid size and the ability of others not to see them.*

\_\_\_\_\_ *Improved ability to hear and understand speech.*

\_\_\_\_\_ *Improved ability to understand speech in noisy situations (e.g. restaurants, parties).*

\_\_\_\_\_ *Cost of the hearing system.*

5. Do you think you prefer hearing devices that (check one):  
 \_\_\_\_\_ are automatic so that you do not have to make adjustments to them.  
 \_\_\_\_\_ allow you to adjust the volume and change the listening programs as you see fit.  
 \_\_\_\_\_ no preference.
6. How much would it bother you if other people could see your hearing aids? Mark an "x" on the line.  
*Not at all* 1.....5.....10 *Quite a lot*
7. How motivated are you to use assistive technology to hear better? Mark an "x" on the line.  
*Not very motivated* 1.....5.....10 *Very motivated*
8. Please look below and check any of the following that apply to you:
- Dexterity issues    Pacemaker    Smart phone user    Have a landline phone  
 Difficulty hearing doorbell/alarms    Moisture/perspiration    Wax issues
- I would like more info about communication tips/strategies for family and friends.  
 I would like more info about laws that provide accessibility to people with hearing loss.  
 I would like more info about hearing loss support groups.  
 I would like more info about aural rehabilitation classes.
9. Do you have any previous experiences with hearing instruments? Please describe.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. Is there anything else you would like us to know? \_\_\_\_\_
- \_\_\_\_\_

University of Arizona Hearing Clinic  
**Self Assessment of Communication (SAC)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** The purpose of this form is to identify the problems a hearing loss may be causing you. If you have a hearing aid, please fill out the form according to how you communicate **when the hearing aids are NOT in use**. One of the five descriptions on the right should be assigned to each of the statements below.

- 1) Almost never (or never)
- 2) Occasionally (about ¼ of the time)
- 3) About ½ of the time
- 4) Frequently (about ¾ of the time)
- 5) Practically always (or always)

Select a number from 1 to 5 next to each statement (please do not answer with yes or no, and pick only one answer for each question.)

(1) Do you experience communication difficulties in situations when speaking with one other person? (at home, at work, in a social situation, with a waitress, a store clerk, with a spouse, boss, etc.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(2) Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical instruments, etc.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(3) Do you experience communication difficulties in situations when conversing with a small group of several persons? (with friends or families, co-workers, in meetings or casual conversations, over dinner or while playing cards, etc.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(4) Do you experience communication difficulties when you are in an unfavorable listening environment? ( at a noisy party, where there is background music, when riding in an auto or bus, when someone whispers or talks from across the room, etc.)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(5) How often do you experience communication difficulties in the situation where you most want to hear better? <div style="text-align: center;"><b>Situation</b> _____</div>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(6) Do you feel that any difficulty with hearing negatively affects or hampers your personal or social life?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(7) Do you feel that any problem or difficulty with your hearing worries, annoys, or upsets you?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(8) Do you or others seem to be concerned or annoyed that you have a hearing problem?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		
(9) How often does hearing loss negatively affect your enjoyment of life?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>	1	2	3	4	5
1	2	3	4	5		

(10) If you are using a hearing aid: On an average day, how many hours did you use the hearing aids?  
 Hours \_\_\_\_\_ /16 = \_\_\_\_\_%

**Please rate what you feel is your overall satisfaction with the hearing aids.**

- 1  not at all satisfied (0%)    2  slightly satisfied (25%)    3  moderately satisfied (50%)  
 4  mostly satisfied (75%)    5  very satisfied (100%)



## Tobacco Use and Hearing and Balance Disorders

### What Patients Need to Know

Recent data from the Centers for Disease Control (CDC) report that 17.8% of American adults (age 18 or older) smoke. This translates into an estimated 42.1 million adults in the US alone.

Cigarette smoking is the leading cause of preventable disease, responsible for 480,000 deaths a year (approximately 1/5).

Smoking increases the risk of:

- Coronary heart disease
- Stroke
- Cancer, including but not limited to:
  - Lung
  - Stomach
  - Leukemia
  - Bladder, kidney, cervix, colon
  - Kidney, liver, pancreas
  - Esophagus, trachea, larynx, throat, tongue

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***Smoking has been correlated to hearing loss,  
especially when combined with noise exposure.***

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### To Quit Tobacco Use:

The AQC recommends discussing all treatment options for smoking and/or tobacco cessation with your physician. Some possible treatment recommendations from a physician may include:

- Individual or group counseling.
- Behavioral therapies
- Medications for quitting that have been found to be effective include the following:
  - Nicotine replacement products
    - Over-the-counter
    - Prescription
  - Prescription non-nicotine medications

### Helpful Resources

- Quitline Services
  - Call [1-800-QUIT-NOW](tel:1-800-QUIT-NOW) (1-800-784-8669) if you want help quitting. This is a free telephone support service that can help people who want to stop smoking or using tobacco.
- Smokefree.gov
  - <http://smokefree.gov>
- American Cancer Society
  - <http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/guide-to-quitting-smoking-toc>
- American Lung Association
  - Call 1-800-LUNGUSA
  - <http://www.lung.org/stop-smoking/>