

DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

Speech, Language, and Hearing Clinics 1131 E. Second Street PO Box 210071 Tucson, AZ 85721-0071

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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. **Our goal** is to best understand your communication needs, personal preferences, and expectations in order to recommend hearing solutions that are most appropriate for you. At your appointment, 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 rehabilitation.

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 like tinnitus or cochlear implants

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.

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:

	Professional Fee
One Hearing Aid	\$600
Two Hearing Aids	\$1000

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. 2nd St. Tucson, AZ 85721-0071 Phone: 621-7070

Audiology Case History – ADULT NEW PATIENT

NAMI	E:				_DATE:	
DATE	OF BIRTH:		_ AGE:	_PHONE: _		
ADDR	RESS:					
EMAL	L ADDRESS:					
	PATION or FOR					
	PATION:					
REFE	RRED BY:					
1. Ha	ve you noticed so	me difficulty he	earing?			
2. Wh	en did you first st	art noticing the	problem?			
3. Wh	at do you think ca	aused this probl	em?			
	vious hearing test				what was	
	s anyone else in y	•				
	you have any his the most recent i	•		_	If yes,	when
	you ever have a r S No	inging or buzzi	ng in your e	ars over long	periods of time?	
Rig	ht Left	Both		Constant	_ Occasional	
8. Do	es your hearing fl	uctuate or stay t	the same?			
9. Wh	ich ear is better?_	Why?				
10.Do	you ever feel dizz	zy?	If yes, desc	ribe the prob	lem:	

Describe:					onally or		
12.Have you been away fro hours?			r at least tl	he past 4	48		
13.Do you use tobacco?	Yes	No (Circle one	e)			
14.Overall, how is your he	alth?	Excell	ent Go	od Fa	air Poor	: (C	ircle one
16.Below, please indicate <u>l</u> you are in each of these <u>Note:</u> If you already wear			in the foll	lowing s	situations a	nd how	often
	_		se answer	these q	uestions as		
	How w	ids, plea	se answer	How oft	en are you in	ssuming	
wearing your hearing aids Listening situation		ids, plea			en are you in	this	

17.List the top 3 situations in which you wou	ld most like to hear better.
18.Do you live on your own or with others? V	With whom do you live?
19.Do you rely on support from other people cleaning, getting dressed, taking care of you fixed the so, who helps you with this?**Consider asking this person to come with	our hearing aids, etc.)?
Signature of Person Answering Questions	Relationship to Patient

The University of Arizona is an equal opportunity, affirmative action institution. The University prohibits discrimination in its programs and activities on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity and is committed to maintaining an environment free from sexual harassment and retaliation.

Name:	Date:	Date:				
Please provide us with the following information regarding your current medications, including prescription, over-the-counter, herbals, vitamin/mineral/dietary (nutritional) supplements. If you have a pre-printed list, we are happy to make a copy of that instead.						
Medication	Dose	How Often	How Taken (pill, inhaler, etc)	Condition Taken For		

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

NAME:	DATE:
Please compl	ete the following. Be as honest and precise as possible.
_	best understand your communication needs, personal preferences, and n order to recommend hearing solutions that are most appropriate for you.
	ale of 1 to 10, how well do you think a new hearing system will improve your k an "x" on the line. I expect it to:
Not be helpful at	all 1
following fact Hea Imp Imp	s your most important consideration regarding hearing aids? Please rank the cors with 1 as the most important and 4 as the least important. The string aid size and the ability of others not to see them. The roved ability to hear and understand speech. The roved ability to understand speech in noisy situations (e.g. restaurants). It of the hearing system.
are _ allo you	think you prefer hearing devices that (check one): automatic so that you do not have to make adjustments to them. w you to adjust the volume and change the listening programs as see fit.
4. How m Mark an "x" o	uch would it bother you if other people could see your hearing aids? on the line.
Not at all 1	
5. How m Mark an "x" o	otivated are you to use assistive technology to hear better? on the line.
Not very motiva	ted 1
•	use a smartphone? De (Apple, Android, etc.)

7. Have you ever worn a hearing aid?
Do you wear one now? (Make & model)
When did you first start wearing a hearing aid?
Has your hearing aid been satisfactory?
When did you purchase your present aid?
From whom did you purchase it?
8. Please look below and check any of the following that apply to you:
☐ Difficulty manipulating small objects ☐ Have a Pacemaker ☐ Have a landline phone ☐ Difficulty hearing doorbell/alarms
☐ In the past year experienced a major change or loss, like a retirement or death of a love
one.
☐ I would like more info about communication tips/strategies for family and friends.
☐ I would like more info about hearing loss support groups and classes.
9. Is there anything else you would like us to know?

^{*}The above was partially adapted from Taylor (2012) and Thibodeau (2004). EMH/TM 2019.

University of Arizona Hearing Clinic

Self Assessment of Communication (SAC)

Name:	Date:		
Instructions: The purpose of this form is to identificate when the purpose of this form is to identificate when the causing you. If you have a hearing air according to how you communicate when the hear use. One of the five descriptions on the right should be statements below.	id, please fill out the form aring aids are NOT in uld be assigned to each of	2) 3) 4)	Almost never (or never) Occasionally (about ¼ of the time) About ½ of the time Frequently (about ¾ of the time) Practically always (or
Select a number from 1 to 5 next to each statemer with yes or no, and pick only one answer for each		,	always)
(1) Do you experience communication difficulties with one other person? (at home, at work, i waitress, a store clerk, with a spouse, boss,	n a social situation, with a	ng	1 2 3 4 5
(2) Do you experience communication difficulties various types of entertainment? (movies, rainstruments, etc.)	dio, plays, night clubs, musi		1 2 3 4 5
(3) Do you experience communication difficultie with a small group of several persons? (with in meetings or casual conversations, over detc.)	n friends or families, co-work	ers	
(4) Do you experience communication difficulties unfavorable listening environment? (at a not background music, when riding in an auto o or talks from across the room, etc.)	pisy party, where there is	ers	1 2 3 4 5
(5) How often do you experience communication where you most want to hear better? Situation	on difficulties in the situation		1 2 3 4 5
(6) Do you feel that any difficulty with hearing n your personal or social life?	negatively affects or hampers	3	1 2 3 4 5
(7) Do you feel that any problem or difficulty wit or upsets you?	th your hearing worries, ann	oys	1 2 3 4 5
(8) Do you or others seem to be concerned or a hearing problem?	annoyed that you have a		1 2 3 4 5
(9) How often does hearing loss negatively affe	ect your enjoyment of life?		1 2 3 4 5
(10) If you are using a hearing aid: On an average aids?	ge day, how many hours did Hours/16 = _		
Please rate what you feel is your overall satisfied (0%) 2 slightly 4 mostly satisfied (75%)	satisfied (25%) 3 I mode		



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
 - o Stomach
 - o Leukemia
 - o Bladder, kidney, cervix, colon
 - o Kidney, liver, pancreas
 - o Esophagus, trachea, larynx, throat, tongue

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

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 <u>1-800-QUIT-NOW</u> (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
 - o http://smokefree.gov
- American Cancer Society
 - http://www.cancer.org/healthy/stayawayfromtobacco/guidetoquittingsmoking/guide-to-quittingsmoking-toc
- American Lung Association
 - o Call 1-800-LUNGUSA
 - http://www.lung.org/stop-smoking/