Hearing Questionnaire

Date: _____

Name: _____ **Date of Birth:** _____

Company: _____

AAO-HNS Medical Referral Criteria-1996:	**Please Circle your response**
1. Have you recently experienced pain in either ear?	D. Right C. Left B. Both A. No
2. Have you recently experienced dizziness?	D. Right C. Left B. Both A. No
3. Have you recently experienced severe tinnitus (ringing)?	D. Right C. Left B. Both A. No
4. Have you recently experienced sudden hearing loss?	D. Right C. Left B. Both A. No
5. Have you recently experienced fluctuating hearing loss?	D. Right C. Left B. Both A. No
6. Have you recently experienced ear fullness or discomfort?	D. Right C. Left B. Both A. No
7. Have you recently had problems wearing hearing protection?	B. Yes A. No
8. Have you recently experienced a draining ear?	B. Yes A. No

Medical History:

9. Have you ever been to a doctor for an ear-related problem?	D. Right C. Left B. Both A. No
10. Have you ever had ear surgery?	D. Right C. Left B. Both A. No
11. Have you ever had an ear injury?	D. Right C. left B. Both A. No
12. Do you have an existing hearing problems?	D .Right C. Left B. Yes A. No
13. Do you wear a hearing aid?	D. Right C. Left B. Yes A. No
14. Do you participate in loud activities (Music, motorcycle)?	B. Yes A. No
15. Do you currently use prescription or over the counter medications?	B. Yes A. No
16. Do you have diabetes?	B. Yes A. No
17. Do you have high blood pressure?	B. Yes A. No
18. Do you have frequent ear infections?	B. Yes A. No
19. Do you shoot guns or hunt?	B. Yes A. No
20. Have you ever served in the military?	B. Yes A. No
21. Have you ever had a severe head injury?	B. Yes A. No
22. Have you ever had measles?	B. Yes A. No
23. Have you ever had mumps?	B. Yes A. No
24. Have you ever had kidney disease?	B. Yes A. No
25. Have you ever had scarlet fever?	B. Yes A. No
26. Have you ever had meningitis?	B. Yes A. No
27. Are you currently suffering from allergies?	B. Yes A. No
28. Do any of your immediate family members have hearing problems?	B. Yes A. No

Examiner Only:

29. Subject has visible wax or object in ear.	B. Yes A. No
30. Subject should be referred.	B. Yes A. No

Subject: _____ **Date:** _____

Examiner: _____ **Date:** _____