HEARING LOSS AND TINNITUS QUESTIONNAIRE

Name ____________________________________
Date ____________________________________

Please answer the following questions.

1) Do you have hearing loss? _____yes _____no (if no, skip to question 7)

Duration 2) How long have you had hearing loss?
______days ______weeks ______months _____years

Context 3) What caused your hearing loss? ____________________________________________

Location 4) Which ear does not hear well?  _____right   _____left   _____both

Severity 5) If both, which ear is worse? _____right   _____left   _____both the same

Timing 6) Did your hearing loss come on: _____slowly   _____suddenly

7) Do you have noises in your ear(s)? _____yes _____no (if no, skip to question 17)

Duration 8) How long have you had noises in your ear(s)?
______days ______weeks ______months _____years

Context 9) Do you have any idea what caused it? ______________________________________

Location 10) Which ear is the noise in? _____right   _____left   _____both

Severity 11) If both, which ear is worse? _____right   _____left   _____both the same

Yes  No

12) Is the noise a continuous, non-pulsatile sound?  □  □

13) Does the noise pulsate?  □  □

Quality

14) Does the ear noise interfere with sleeping?  □  □

Severity

15) Do you smoke?  □  □

PFSH

16) Do you drink a lot of coffee or other caffeinated beverages?  □  □

□  □ 17) Do you take aspirin or an aspirin containing medication everyday?

□  □ 18) Have you ever had any ear surgery?

□  □ 19) Have you ever been hospitalized and given an antibiotic directly into your veins?

□  □ 20) Any relatives/family members with hearing problems?

ROS

□  □ 21) Do you grind your teeth or clench your jaw?

□  □ 22) Did you ever have a lot of ear infections?

□  □ 23) Do you have any dizziness?

□  □ 24) Did you or do you work around loud noises?
☐ ☐ 25) Have you ever worn a hearing aid?
☐ ☐ 26) Do you have any ongoing nasal or sinus problems?
☐ ☐ 27) Did you ever have a bad concussion or other head injury that caused either hearing loss or drainage from your ear?
☐ ☐ 28) Were you ever treated for malaria?
☐ ☐ 29) Do you have hypertension?
☐ ☐ 30) Do you have elevated cholesterol?
☐ ☐ 31) Were you ever treated for tuberculosis?
☐ ☐ 32) Do you have diabetes?
☐ ☐ 33) Do you have thyroid problems?
☐ ☐ 34) Are you anemic?
☐ ☐ 35) Do you have any neck arthritis, muscle tightness, or other neck problems?

For office use:______________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

HPI elements 5
PFSH areas 3
Systems reviewed 8

(11/19/09 Hearing Loss and Tinnitus doc)