

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

Quality

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

13) Does the noise pulsate?

Severity

14) Does the ear noise interfere with sleeping?

PFSH

15) Do you smoke?

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)