

NORTH COUNTY EAR, NOSE AND THROAT –
HEAD AND NECK SURGERY
Pediatric and Adult
2023 West Vista Way, Suite J
Vista, California 92083
(760) 726-2440 Fax (760) 726-0644

Name _____

Date _____

OTTIS MEDIA QUESTIONNAIRE

YES **NO**

- 1.) Is your child having repeated ear infections that completely go away between each infection?
- 2.) Is your child having prolonged episodes of fluid in the ear that won't go away?
- 3.) If your child is over 1 year old, was the first ear infection before 1 year of age
- 4.) Does the ear problem bother your child very much? How? _____

- 5.) Has your child tried 2 or more different antibiotics? Please list any of their names that you can recall? _____

- 6.) Has your child had any problems from the antibiotics. If so please describe.

- 7.) Has your child been on a low dose antibiotic to try to prevent infections? If so, did your child get an ear infection while on the low dose preventative antibiotics?
- 8.) Has your child had 3 or more ear infections in the past 6 months? About how many do you think your child has had in the past 6 months? _____
- 9.) About how many weeks out of the past 6 months has your child been taking antibiotics? _____

YES NO

- 10) Do you think that recently your child has had fluid in one or both ears for 3 months or more?
- 11) Does the ear problem involve both ears?
- 12) Do you suspect any hearing loss?
- 13) Any problems with speech development?
- 14) Does your child snore a lot?
- 15) Does your child have any allergies? If yes please list them? _____

- 16) Does your child have asthma?
- 17) Does your child have very frequent colds?
- 18) Is your child always congested?
- 19) Is your child in day care or a similar situation with lots of other children? If so, about how many children in the group? _____
- 20) Is your child exposed to cigarette smoke?
- 21) If your child uses a pacifier, is it used more than just while going to sleep?
- 22) If your child drinks from a bottle, does she/he do so on his/her back?
- 23) Other than ear infections and colds, has your child had a number of other infections such as pneumonia or skin infections.
- 24) Does your child have any other medical problems: Is so, briefly list them.

- 25) Any family history of lots of ear infections?
- 26) Any family history of allergies?
- 27) Has your child had pneumovax vaccine? (2m-5y)
- 28) Has your child had influenza vaccine? (over 6m)

For Office Use:
