Allergy Ear Nose & Throat INSTITUTE
EXCELLENCE SINCE 1992
"To God be the Glory"

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Adult Audiology Questionnaire

Name:		**Date:**
Age:	**Date of Birth:**	**Gender:** **Male / Female**

Please *check all* that apply to you. When asked, please describe the details.

MEDICAL HISTORY

☐ Measles/Mumps: Date_____ ☐ Stroke: Date_____

☐ IV Antibiotics: Date_____ ☐ Chemotherapy: Date_____

☐ Head Trauma: Date_____ ☐ Sinus Infections: Date of Last infection_____

☐ Middle Ear Fluid Right / Left ☐ Ear Pain Right / Left ☐ Ear Drainage Right / Left

☐ Ear Tubes Right / Left ☐ Ear Surgery Right / Left ☐ Ear Pressure Right / Left

☐ Chronic Ear Infections Right / Left ☐ Hole in the Eardrum Right / Left

☐ Patched Eardrum Hole Right / Left ☐ Allergies: Environmental / Food

☐ **Hearing Loss** Right / Left / Both

Previous Hearing Test: ☐ No ☐ Yes Location:_____ Date: _____

Results: ☐ Normal Right / Left / Both

☐ Temporary Hearing Loss Right / Left

☐ Permanent Hearing Loss Right / Left

☐ **Ringing in Ears** Right / Left / Both

Occurrence: ☐ Constant ☐ Intermittent Pitch: ☐ Low ☐ Medium ☐ High ☐ Don't Know

☐ **Dizziness or Imbalance** *Have you seen a physician for this problem?* ☐ No ☐ Yes

Physician Name:_____Date:_____ Diagnosis:_____

☐ **Family History of Hearing Loss or Hearing Difficulties**? If yes, who has these problems?

☐ Mother ☐ Father ☐ Sibling ☐ Uncle ☐ Aunt ☐ Grandparent

☐ **Previous evaluation by an ENT** (Ear, Nose, & Throat) physician? *If yes, whom?*

Physician Name:_____Location:_____ Date: _____

Reason for evaluation: _____Findings:_____

Have you EVER worn Hearing Aids? ☐ **YES** ☐ **NO** **Date Fitted:** _____

If Yes: Which Ear(s)? ☐ Right Ear ☐ Left Ear ☐ Both Ears

What Size? ☐ Behind-the-ear ☐ In-the-ear ☐ In-the-canal ☐ Completely-in-the-canal

What Type? ☐ Analog ☐ Digital ☐ Don't Know

Who fit your hearing aids? ☐ Licensed Audiologist ☐ Hearing Aid Dealer ☐ Don't Know

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Have you EVER worked in Loud Noise? ☐ **YES** ☐ **NO** *If yes, please describe:*

Please check ALL of the following that you have <u>EVER done in your *lifetime*</u>:

☐ Hunting	☐ Car races	☐ Skeet shooting	☐ Woodwork
☐ Power tools	☐ Mower	☐ Concerts / Band	☐ Tractor (open or closed cab)
☐ Target shooting	☐ Welding	☐ Air compressor	☐ Construction

Do you Use Hearing Protection in Loud Noise? ☐ **YES** ☐ **NO**

What type? ☐ Foam Earplugs ☐ Ear Muffs ☐ Custom Earplugs ☐ Double HP

Have you <u>ALWAYS used hearing protection</u> when participating in the above activities? ☐ **YES** ☐ **NO**

Check those that apply to you. Do you….

☐ Feel that everyone mumbles	☐ Seem to hear but not understand
☐ Often asks “huh?” or “what?”	☐ Ask for speakers to repeat themselves
☐ Talk loudly	☐ Listen to TV / radio at high volume
☐ Have sensitivity to average or loud sounds	☐ Startle to loud sounds
☐ Have difficulty hearing in noise	☐ Have trouble hearing women or children’s voices
☐ Have difficulty remembering what is heard	☐ Have trouble determining location of sounds
☐ Misunderstand rapid or muffled speech	☐ Have trouble hearing over telephone
☐ Have difficulty hearing at church	☐ Have trouble understanding lyrics to songs

Does **your family think** you have a problem with hearing or understanding? ☐ No ☐ Yes

If yes, please describe examples:

Have you ever served in the military? If yes, check division and list dates.

☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ National Guard Dates: _____

Do you have medical disability through the Veterans Administration (VA) for *hearing loss* or *tinnitus?*

☐ YES ☐ NO If yes, how much? _____%

What is your TOTAL VA disability? _____ %

Audiologist’s Notes