Allergy
Ear Nose
& Throat INSTITUTE
EXCELLENCE SINCE 1992

"To God be the Glory"

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HEARING CONSERVATION QUESTIONNAIRE

Patient: _____ **DOB:** _____ **AGE:** _____ ***M / F*** **DATE:** _____

Last Date of Noise Exposure at Work: _____ **SSN:** _____-_____-_____

Have you been out of noise for the past 14-16 hours? YES / NO
If NO, did you use hearing protection while in the noise? YES / NO

Do you Use Hearing Protection at Work? YES / NO

If Yes, what type? ☐ Foam Earplugs ☐ Ear Muffs ☐ Custom Earplugs ☐ Double HP

List other places (and dates) where you have worked in hazardous noise:

_____ _____
_____ _____
_____ _____

Please check ALL of the following that you have EVER done in your lifetime:

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

Have you ALWAYS used hearing protection when participating in the above activities? YES / NO

Do you have documented Hearing Loss? YES / NO

If Yes: Which Ear(s)? ☐ Right Ear ☐ Left Ear ☐ Both Ears
Who performed your hearing test? _____ Date: _____

Check all that you have experienced:

☐ Ear Fullness	☐ Ear Infections	☐ Ear Surgery
☐ Ringing in the ears	☐ Ear Pain	☐ Earwax buildup
☐ Ear Drainage	☐ Dizziness	☐ Hole in the Eardrum

Have you EVER worn Hearing Aids? YES / NO

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
Who fit your hearing aids? ☐ Licensed Audiologist ☐ Hearing Aid Dealer ☐ Don't Know
When did you receive your hearing aids? _____

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? _____%