



SCOTCH INSTITUTE  
ENT | Hearing | Allergy | Sleep

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## Breathe, Sleep, Live and Hear.... Better

### Hearing Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Do you have difficulty hearing?

- |               |   |    |   |
|---------------|---|----|---|
| a. Both ears? | Y | or | N |
| b. Right ear? | Y | or | N |
| c. Left ear?  | Y | or | N |

2. Do you wear hearing aids?

- |                       |   |    |   |
|-----------------------|---|----|---|
| a. Right Hearing Aid? | Y | or | N |
| b. Left Hearing Aid?  | Y | or | N |

3. When did you first notice your hearing loss? \_\_\_\_\_

4. Is your hearing getting worse? Y or N

5. Does your hearing fluctuate? Y or N

6. Do you hear any noise in your ears? Y or N

7. Do you have any ear pain? Y or N

8. Do you have any sensitivity to sound? Y or N

9. Do you have distortion of sound? Y or N

10. Do you have any fullness or stuffiness in your ears? Y or N

11. Do you have any ear drainage? Y or N

12. Have you had any ear surgery? Y or N

a. If yes, what type? \_\_\_\_\_ (Examples of common ear surgeries include ear tubes, Tympanoplasty, mastoidectomy, stapedectomy)

13. Have you ever worked in high noise level area? Y or N

14. Have you ever had any head or ear trauma? Y or N

a. If yes, what type? \_\_\_\_\_

15. Have you been exposed to noise from weapon fire, blasts, or military occupational noise? Y or N

16. Do you have anyone in your family that is deaf or has severe hearing loss? Y or N

17. Circle any of the following medications you have taken:

- a. Streptomycin g. Salicylates (aspirin)
- b. Tobramycin (Neccin) h. Birth Control Pills
- c. Gentamycin (Garamycin) i. Blood Pressure Pills
- d. Kanamycin (Kantrey) j. Anti-Seizures medications
- e. Ethacrinic Acid (Edecrin) k. Anti-Cancer medication
- f. Furosemide (Lasix)

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The above comprehensive history has been personally reviewed by the below listed doctors:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Audiologist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_