Audiologic Questionnaire

Name: ________________________________

1. Have you been exposed to noise in the last 14 hours at work or home? □ Yes □ No
   If yes, please explain: ____________________________________________________________________
   Did you wear hearing protection? □ Yes □ No

2. Do you wear hearing protection at work?
   □ Always □ Usually □ 1/2 time □ Sometimes □ Seldom □ Not used
   When you wear hearing protection, which type do you wear? □ Ear plugs □ Canal caps □ Ear muffs
   If you do NOT wear hearing protection, Why? ____________________________________________

3. What kind of hearing protection do you use outside work? □ Ear plugs □ Canal caps □ Ear muffs □ None

4. How long have you worked for your present company? ________ Years ________ Months

5. Were you ever exposed to noise while employed at another company? □ Yes □ No
   If Yes, Name: ____________________________ Dates worked there: ______________________________

6. Were you in the military? □ Yes □ No

7. Have you frequently participated in any of the following activities?
   □ Snowmobiling □ Motorcycles □ Guns (hunt or target)
   □ Listening to loud music □ Power tools (at home) □ None of these

8. Has anything ever exploded near your ear? □ No □ Yes If yes, which ear? □ Right □ Left

9. Do you presently have a cold? □ Yes □ No

10. Do you experience ringing, buzzing, or hissing in your ear(s)? □ Yes □ No

11. Do you feel you have hearing loss? □ Yes □ No

12. How would you rate your hearing? □ Good □ Poor

13. In which ear do you feel you hear better? □ Right □ Left □ Both the same

14. Do you presently or have you ever used a hearing aid? □ Yes □ No

15. Does anyone in your family have hearing loss? □ Yes □ No

16. Do you currently or have you in the past taken the following prescription or over the counter medications?
   □ Aspirin, Bufferin, Excedrin (more than 6 per day) □ Neomycin □ Streptomycin □ Gentamicin □ Quinine

17. Check any of the following you have had:
   □ Hearing loss □ Tonsillitis □ Kidney infection
   □ Treatment for ear trouble □ Sinus problems □ Diabetes
   □ Earaches □ Mumps, Measles, Scarlet Fever, Whooping Cough, Diphtheria □ Encephalitis
   □ Ear drainage □ Meningitis □ Elevated blood pressure
   □ Perforated ear drum □ Tuberculosis □ Frequent headache
   □ Head injury □ High fever
   □ Dizziness □ Allergies

If you checked any of the above, please explain: ________________________________________________

Patient Signature: ____________________________ Date/Time: __/____
Examiner Print Name: ______________________ Examiner Signature: ______________________ Date/Time: __/____