

Name:

DOB:

Date:

CASE HISTORY QUESTIONNAIRE

Basic information

Primary Care Physician:

Last hearing test:

Ear, Nose and Throat Physician:

Which ear hears better?

Who referred you to this clinic?

LEFT/ RIGHT/ SAME

Recent sickness (flu, cold, sinus, coughing, upper respiratory infection, fever)

Main Concern

HEARING (check all that apply)

--No concerns, just want to have a baseline hearing evaluation

--Sudden Hearing Loss LEFT/ RIGHT/ BOTH

--Fluctuating hearing LEFT/ RIGHT/ BOTH

--Hearing muffled or plugged LEFT/ RIGHT/ BOTH

--Possible hearing loss LEFT/ RIGHT/ BOTH

--Unable to equalize pressure LEFT/ RIGHT/ BOTH

--Aural fullness/pressure LEFT/ RIGHT/ BOTH

--Pain/Pressure LEFT/ RIGHT/ BOTH

--Perforation LEFT/ RIGHT/ BOTH

--Ear infection/Fluid in the ear LEFT/ RIGHT/ BOTH

--Discharge LEFT/ RIGHT/ BOTH

--Sudden onset of tinnitus LEFT/ RIGHT/ BOTH

--Other:

DIZZINESS (check all that apply)

--True vertigo (room is spinning)/Lightheadedness/Floaty/Motion sickness/Imbalance/Nausea/Vomiting (circle one)

--I am very sick all day long and cannot function, get out of bed, or walk

--I am dizzy only for a short time, but after it goes away, I can function just fine

--Episode frequency: daily/weekly

--Episode duration: 20-30 seconds/30 minutes to 24 hours/days and weeks

--Last episode: today/few days ago/last week/weeks ago other: _____

--Episodes caused by: looking up/quick head movements/rolling over in bed/bending over/other

--Were you treated or self-treated for BPPV (crystals in the inner ear)? If so, who treated you?

Did the treatment help?

TIMELINE/TREATMENT

When did this condition (hearing loss or dizziness or both) start?

Did you see any physicians about this?

What was the diagnosis?

Were you prescribed any medication for this?

General Hearing (check all that apply)

- No complaints in regard to hearing or understanding speech
- No complaints before recent hearing problem
- Difficulty understanding speech in background noise/telephone/TV/meetings/school/work/group settings (circle all that apply)
- Family/wife/husband/ friends telling me that I cannot hear (circle all that apply)
- No problems hearing but cannot understand words
- Frequently asking for repetition
- Certain sounds cause physical discomfort/pain in my ears
- Other (please explain): _____

HEARING AIDS

- Never had hearing aids
- Hearing aid user since: _____ LEFT/ RIGHT/ BOTH
- Interested in hearing aids if needed

Tinnitus

- Never had any noise/ringing/buzzing/white noise in my ears
- Yes, I have sounds in my ears and it: comes and goes/constant (circle one) LEFT/ RIGHT/ BOTH
- It sound like: pulsating/ringing/roaring/buzzing/hissing/crickets/ocean roar/electronic wire (circle one)
Other (please explain): _____
- Loudness: barely there/soft/moderate/loud/very loud/excruciating (circle one)
- Annoyance: not bothersome/gets my attention/disturbing/unbearable (circle one)
- Started: recently/one year ago/long time ago/cannot remember (circle one)

If you have tinnitus, did you discuss it with your primary care physician?

Do you know the possible cause?

Did you ever have tinnitus management?

Are you interested in tinnitus counseling?

Otologic history

--Ear infections: recent/chronic/couple years ago/childhood (circle one)

Check all that apply:

- | | | | |
|----------------------------|---------------------------|-----------------|---|
| --Pain, pressure, drainage | --Congenital hearing loss | --Otosclerosis | --PE tubes |
| --Perforation on eardrum | --Meniere's disease | --Labyrinthitis | --Swimmer's ear |
| --Ossicular discontinuity | --Vestibular neuritis | --Cholesteatoma | --BPPV (displaced
crystals in inner ear) |
| --Sudden Hearing Loss | --Acoustic neuroma | --Other | |

--Ear surgery: LEFT/ RIGHT/ BOTH

Date:

Reason:

Noise exposure history

Check all that apply:

- Hunting/target shooting/artillery
- Explosions
- Aircraft
- Loud music
- I am a musician
- Heavy equipment/power tools
- Construction
- NASCAR
- Firecrackers
- Other:

Hearing protection? YES / NO / SOMETIMES (circle one)

Medical history (check all that apply)

Heart: bypass surgery/heart disease/heart stent/heart attack /pacemaker/defibrillator

Cancer: breast/bladder/prostate/skin/colon/throat/lymphoma/leukemia

Chemotherapy? Radiation? Surgery?

- Traumatic Brain Injury
- Stroke
- Head injury
- Concussion
- Skull fracture
- DIABETES (type I-II)
- Arthritis
- Bell's Palsy
- Allergies
- Vision problems
- Dementia/Alzheimer's
- Seizures
- Depression
- Anxiety
- High Blood Pressure

--Amyotrophic lateral sclerosis (ALS) --Multiple sclerosis (MS)

--Chronic obstructive pulmonary disease (COPD)

Hepatitis A B C D E / Staph infection / Herpes / HIV / Tuberculosis

Other

Is there anything important that you would like the audiologist to know? Please describe.

Signature/Date

Signature:

Date:

