ENT SURGICAL CONSULTANTS

HEARING & BALANCE QUESTIONNAIRE IN ADULTS (7/13)

Name

Date

The following checklist will assist in determining the cause of your hearing and balance problem. Please read each item carefully and check *only* those factors that apply to you or your family.

Problem

- □ Hearing loss
 Side: Right, left, or both ears? (circle)
 Type: Constant or fluctuating? (circle)
 Onset: Gradual or sudden? (circle)
- Noise or ringing in the ear
 Side: Right, left, or both ears? (circle)
 Pitch: High, medium or low? (circle)
 Characteristics: Pulsating or steady? (circle)
 Type: Bothersome or not bothersome? (circle)
 Onset: Gradual or sudden? (circle)
- Dizziness
- \Box Vertigo or spinning sensation
- □ Imbalance
- Disequilibrium
- □ Lightheadedness
- □ Motion sickness
- □ Staggering when walking
- □ Fainting, loss of consciousness, or blackout
- \Box Sensation that an attack is about to start
- □ Duration of each attack or spells:
- \Box How often are the attacks or spells?:
- \Box Date when the attacks or spells began?:

Above Symptoms Associated With ...

- \Box Head positional changes
- □ Sweating
- \Box Spots before the eyes
- □ Headache
- \Box Plugging or fullness in the ears
- □ Nausea
- □ Vomiting
- □ Worsening with menstrual periods
- \Box Increased stress in your life
- \Box A recent flu or cold
- \Box A recent ear or mastoid infection
- \Box Recent head or neck injury
- □ Recent ear injury
- □ Recent spinal tap, lumbar puncture or epidural procedure

- \Box Recent minor or major surgery
- \Box Recent anesthesia
- □ Associated with heavy lifting, straining, exercise, or exertion
- □ Recent pressure change (airplane flight, altitude, barometric pressure change, nose blowing)
- \Box Recent scuba diving
- □ Extreme loud noise exposure (factory, construction, military, explosions, motorized tools, chainsaw, farm machinery, loud music, etc)
- □ Use of Lasix, aspirin, intravenous antibiotics, quinine, neomycin, streptomycin, or chemotherapy agents in the past few months
- □ New medications (Please list)

Personal Medical History

- \Box Previous head or neck surgery
- \Box Previous ear or mastoid surgery
- \Box Hearing aid use
- □ Meniere's disease
- □ Allergies (Inhalants, food, chemicals)
- □ Meningitis
- □ Measles, mumps, diptheria, scarlet fever, or whooping cough in the past
- □ Noisy hobbies (hunting, target shooting, firearm usage, flying, auto racing, bandplaying or motorcycle use)
- □ Diabetes
- □ Lupus
- □ Rheumatoid arthritis
- \Box Connective tissue or autoimmune disease
- \Box Hardening of the arteries
- □ Heart disease
- □ Syphilis
- \Box High blood pressure
- $\hfill\square$ Anemia or sickle cell anemia
- \Box Thyroid disease

Family History

 $\hfill\square$ Other family members with hearing loss before age 50