

NAVAL AEROSPACE MEDICAL INSTITUTE ENT HEARING QUESTIONNAIRE

NAME: LAST

FIRST

1. Are you able to tell that your hearing is diminished (in one or both ears)? _____

2. Do you have tinnitus? If so: Is it constant? High pitched? Does it vary with your heart rate? _____

3. Do you have Vertigo / Dizziness? _____

4. Is there anyone in the family with hearing loss? _____

5. Describe your noise exposure history. (construction work, concerts, I-pod, played in a band) _____

6. Have you done any shooting? If so, what kind of weapon(s)? Did you always wear hearing protection? Military? Recreational? _____

7. Do you shoot Left handed or Right handed? _____

8. Have you been hunting? If so, small game or large game? _____

9. Any history of concussion? If so, when? _____

10. Any history of hospital admission with intravenous antibiotic? _____

11. Any history of Chemotherapy for cancer? _____