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?