FAYETTEVILLE OTOLARYNGOLOGY
Head & Neck Surgery, P.A.

1839 Quiet Cove
Fayetteville, NC 28304
(910) 323-1463

Hearing Loss Questionnaire

Patient Name _____ Age _____ Date _____

Please answer the questions to the best of your knowledge.

1. How long have you noticed hearing loss? _____

2. Is the hearing loss present in both ears? Yes ☐ No ☐ If NO, which ear has the loss? L ☐ R ☐

3. Was the hearing loss sudden in onset or gradual? _____

4. Does your hearing seem to be better at certain time and worse at other times? Yes ☐ No ☐

5. Do you have any noise in your ear(s)? Yes ☐ No ☐ If yes, describe the noise _____

6. Do your ears feel as if they are full or have pressure? Yes ☐ No ☐

7. Has there been any dizziness associated with the hearing loss? Yes ☐ No ☐

   If yes, does your hearing decrease when you get dizzy? Yes ☐ No ☐

   Is your dizziness a light-headedness or a spinning dizziness? Light-headedness ☐ Spinning ☐

8. Have you had a past history of ear problems? Yes ☐ No ☐

   Pain Yes ☐ No ☐

   Infection Yes ☐ No ☐

   Drainage Yes ☐ No ☐

   Other (explain) _____

9. Is there a family history of hearing loss? Yes ☐ No ☐

   If yes, give relationship of person with hearing loss and approximate age hearing loss was found _____

10. Have you worked where ear plugs were required to be worn because of loud noise? Yes ☐ No ☐

11. Have you ever been given IV drugs for a severe infection or taken any other drugs which seem to have affected your hearing?

    Yes ☐ No ☐