The Ear, Nose & Throat Center
at The GW Medical Faculty Associates

Medical Faculty Associates
Division of Otolaryngology
The George Washington University

GW Comprehensive Hearing Center

Hearing Loss and Tinnitus Questionnaire

Name: _____ **MRN:** _____ **Date of Birth:**_____

Date: _____ **Reason for visit:**_____ **Referring doctor:**_____

1. Are you aware of any hearing loss? **No** **Yes**
   a. If yes, has the loss occurred suddenly or gradually? _____
2. Do you hear better out of one ear? **No** **Yes**
   a. If so, which ear? **Right** **Left**
3. Does anyone in your family have hearing loss including natural aging? **No** **Yes**
   b. If yes, please explain _____
4. Do you have history of any of the following: (If yes please explain)
   a. Loud noise exposure? (job, hunting, music, etc) **No** **Yes**_____
   b. Ear infections as a child or adult **No** **Yes**_____
   c. Ear Surgery **No** **Yes**_____
   d. Skull fracture or serious head injury **No** **Yes**_____
   e. Chemotherapy **No** **Yes**_____
   f. Medication known to cause hearing loss **No** **Yes**_____
5. Do you ever feel a fullness/pressure/clogged sensation in your ear(s)? **No** **Yes**
   a. If so, can you relieve the feeling? **No** **Yes**
6. Do you hear sounds (tinnitus) in your ears? **No** **Yes**
   a. If yes what does the noise sound like _____
   b. Does it ever pulsate or mimic your pulse? **No** **Yes**
   c. Where do you hear ringing/tinnitus sound best? **Right** **Left** **Center of the head**
7. Do loud sounds cause you discomfort? **No** **Yes**
8. Do you ever have problems with your balance or feel the room spinning? **No** **Yes**
   a. If yes, please explain _____
9. Do you have sinus/allergy problems? **No** **Yes**
10. Have you ever had facial numbness/tingling/weakness? **No** **Yes**
11. Have you recently noticed cold sores or bodily rashes? **No** **Yes**
12. Has your hearing ever been tested? **No** **Yes**
    a. If yes, by whom, when, and results:

    _____
13. Do you wear hearing aids? **No** **Yes**
    a. If yes, for how long? _____
14. Would you be interested in learning more about hearing aid? **No** **Yes**