

OTOLOGIC HISTORY

(Circle one or more answers for each question).

Date	examdate
ID#	pid

idtype +
Key-

1. Do you have a hearing problem now? hear-s1 Yes No
 If yes, in which ear: hear-s2 Right Left Both Ears
 If yes, did your hearing problem begin... hear-s3 Gradually? Suddenly?
 If yes, about when did it begin? hear-s4 19__

2. Have you had ear surgery? hear-s5 Yes No
 If yes, in which ear hear-s6 Right Left Both Ears

3. Have you ever worn a hearing aid? hear-s7 Yes No
 If yes, in which ear: hear-s8 Right Left Both
 Are you still using the hearing aid hear-s9 Yes No

4. How much exposure to loud noise have you had: hear-s10 None Some A Lot
 If exposed, what was the main source of the noise? hear-s11

5. Have you ever shot guns? hear-s12 Yes No If no, please go to question 6.
 If yes, what kind: hear-s13 Handgun, Hear-s14 Rifle, hear-s15 Shotgun, Hear-s16 Artillery hear-s17 ~~how~~ hear-s18 ~~how~~
 If yes, how many total rounds? hear-s19 50 (circle as many as apply)

Did you: Hunt, Target Practice, Military (circle as many as apply)

hear-s16 / hear-s17 hear-s18

6. Did you ever work in loud noise? hear-s19 Yes No
 If yes, how many years? Less than 1 hear-s20 1-5 5-10 10-15 16 or more.

What type of work did you do? hear-s21

Did you wear ear protection at work hear-s22 Yes No How many years? hear-s23

7. Have you received medicines that caused hearing loss? hear-s24 Yes No
 If yes, name of drug hear-s25

8. Do your ears make noise (Tinnitus)? hear-s26 Yes No
 If yes, does the noise bother you? hear-s27 Yes No
 If yes, does the noise keep you from sleeping? hear-s28 Yes No

9. Have you had dizzy spells in the past year? hear-s29 Yes No
 Do you have a problem with your balance? hear-s30 Yes No

10. Any family members with hearing loss? hear-s31 Yes No hear-s37
 Mother hear-s32 Father hear-s33 Brothers hear-s34 Sisters hear-s35 Aunts hear-s36 Uncle hear-s37 Grandparents hear-s38
 (check all that apply)

Thank you for completing this questionnaire.
Please give this form to the audiologist for review.

HEARING QUESTIONNAIRE - HHIE-S

		YES	NO	SOMETIMES
1.	Does a hearing problem cause you to feel embarrassed when meeting new people? <i>hear-539</i>			
2.	Does a hearing problem cause you to feel frustrated when talking to members of your family? <i>hear-540</i>			
3.	Do you have difficulty hearing when someone speaks in a whisper? <i>hear-541</i>			
4.	Do you feel handicapped by a hearing problem? <i>hear-542</i>			
5.	Does a hearing problem cause you difficulty when visiting friends, relative, or neighbors? <i>hear-543</i>			
6.	Does a hearing problem cause you to attend religious services less often than you would like? <i>hear-544</i>			
7.	Does a hearing problem cause you to have arguments with family members? <i>hear-545</i>			
8.	Does a hearing problem cause you difficulty when listening to TV or radio? <i>hear-546</i>			
9.	Do you feel that any difficulty with your hearing limits or hampers your personal or social life? <i>hear-547</i>			
10.	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? <i>hear-548</i>			