

EAST TEXAS SINUS AND DIZZINESS CENTER HEARING LOSS QUESTIONNAIRE

- Do you have hearing loss? Yes No

- If you have hearing loss, which ear is it in?
 - Right ear only
 - Left ear only
 - Both ears equally
 - Both ears, right greater than left
 - Both ears, left greater than right

- Does your hearing loss fluctuate? Yes No
 - If yes, which ear? Right Left Both

- Do you have fullness or pressure in your ear(s)? Yes No
 - If yes, which ear? Right Left Both

- Do you have tinnitus in your ear(s)? Yes No
 - If yes, which ear? Right Left Both
 - If yes, what does it sound like? _____
 - Is it: constant or intermittent

- Do you have drainage from your ear(s)? Yes No
 - If yes, which ear? Right Left Both
 - If yes, is there an odor? Yes No
 - Describe the drainage. _____

- Do you have ear infections? Yes No
 - If yes, how many in the last year? _____
 - How were they treated? (eg drops, antibiotics,...) _____

- Have you ever had surgery in your ear(s)? Yes No
 - If yes, which ear? Right Left Both
 - If yes, what type of surgery? _____

- Is there a family history of hearing loss? Yes No
 - If yes, who in your family? _____

- Do you wear hearing aids? Yes No
 - If yes, which ear? Right Left Both

- Do you experience dizziness? Yes No