

ADULT'S EAR PROBLEM QUESTIONNAIRE

NAME: _____ DATE _____/_____/_____ M D G M G F S P

Please take a few minutes to fill out this questionnaire completely. This will help your doctor be more complete in determining the cause and extent of your problem.

1. c.c.: What is the main way your problem bothers you? _____

context: Please write below in your own words what has occurred since this began.:

- Location:
- Severity:
- Quality:
- Timing:
- Associated Sx:
- Improved by:
- Worsened by:

2. How long have you had this problem? _____

3. List other doctors you have seen for this problem:

Date	Practitioner	Diagnosis	Treatment or Medication
1. _____	_____	_____	_____
2. _____	_____	_____	_____

4. List any medications you are taking for your ear problem now _____

Have you had or do you have:

yes no Do you have a problem hearing? Please describe _____

yes no One ear that hears worse than the other ear? Which ear is worse? _____

yes no Ringing or noise in your right ear. How long have you had the noise? _____

yes no Ringing or noise in your left ear. How long have you had the noise? _____

How would you describe the noise? _____

yes no Exposure to loud noise during your life time. What kind of noise? _____

yes no Ear infections, right ear left ear When? _____

yes no Ear trauma right ear left ear When and what kind of injury _____

yes no Hole in your ear drum right ear left ear When? _____

yes no Is the hole still in your ear drum as far as you know?

yes no Excessive itching of your ear canals right ear left ear

yes no Ear pain now, right ear left ear describe the pain _____ yes no

Ear surgery right ear left ear: What was the surgery? _____

Who did the surgery? _____ When was the surgery? _____

yes no Any one in your family have hearing problems? Who? _____ yes no

Any one in your family had ear surgery? who and what was one? _____

yes no Do you wear hearing aids? right ear left ear How old are your current aids? _____

Are you happy with your current aids? _____

Who fitted your current aids? _____

yes no Do you have any problem with your balance? If yes, please describe. _____

yes no Is there any more information that you would like me to know?