

Patient Name: _____

OMI AUDIOMETRY QUESTIONNAIRE

Hire Date _____

1. Do you use hearing protection? _____ all the time _____ part time
What type? _____ plugs _____ muffs _____ canal caps _____ combination
2. When was your last exposure to noise? _____

PLEASE CIRCLE THE CORRECT RESPONSE BELOW:

3. Do you have a family member who had hearing loss before age 50? YES NO
4. Do you use a hearing aid? YES NO
5. Do you have ringing in your ears? YES NO
6. Do you have frequent or severe dizziness? YES NO
7. Have you had a cold or flu in the last 2 weeks? YES NO
8. Do you have frequent allergy problems? YES NO
9. Have you ever had any of the following?

Measles.....	Yes	No
Scarlet Fever.....	Yes	No
Diabetes.....	Yes	No
Mumps.....	Yes	No
Meningitis.....	Yes	No
High Blood Pressure.....	Yes	No
10. Have you taken antibiotics or medication in the last month? YES NO
11. Do you have current ear pain? YES NO
12. Have you had past ear infections, earaches, or drainage? YES NO
13. Are you under a physician's care for ear problems? YES NO
14. Have you had previous ear surgery? YES NO

(Answer questions on reverse side also)

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|-----|---|-----|----|
| 15. | Have you been exposed to any loud explosions? | YES | NO |
| 16. | Have you ever been knocked unconscious? | YES | NO |
| 17. | Do you or have you shot firearms – sport or military? | YES | NO |
| 18. | Do you listen to loud music or play in a band? | YES | NO |
| 19. | Do you have noisy hobbies? | YES | NO |
| 20. | Have you operated power driven farm equipment? | YES | NO |
| 21. | Have you operated construction equipment? | YES | NO |
| 22. | Have you worked at a noisy job prior to your current job? | YES | NO |
| 23. | Do you have a noisy second job? | YES | NO |
| 24. | Do you have a current earache or ear drainage? | YES | NO |

Employee Signature _____