



Audiogram Questionnaire

Name: _____ Date of Birth: _____

1. Have you working previous noisy jobs? Yes or No If so, when & Where? _____
2. _____
3. Have you ever had a hearing test before? Yes or No If so, when? _____
4. Do you think you have a hearing problem? _Yes or NO _____
5. Do you have family members with hearing problems/hearing aids? Yes or No
Who? _____
6. Do you hear troubling noises in your head/ears? Yes or No Where? When?
Describe: _____
7. Have you ever had ear trouble (excessive wax, ear infections, or blockages in ears)? Yes or No
Describe: _____
8. Have you been in the Military? Yes or No If so, When _____
9. Name any hobbies or part time work you do: _____
10. Do you regularly use motorbikes, motor racing or use guns? _____
11. Do you smoke? ___Yes or No _____ How Much? _____
12. Have you had a cold or sinus anytime in the last 2 weeks? Yes or No _____
13. Have you been in loud noise in the last 16 hours? _Yes or No Where? _____
14. Check any illnesses that you have had: Head/Neck injury Scarlet/Rheumatic Fever
 Bacterial Meningitis Seizures TB Kidney Infections Mumps/measles
 Ear/Nose/Throat Specialist Ruptured Eardrum/Internal Ear Injury
15. Is there ear protection at work? _Yes or No _____
16. Do you wear ear protection in noise at work? _Yes or No _____
17. What type? Ear plugs Ear Muff/Headphones Other _____
18. Anything else we need to know? _____

The information I have given is complete and correct to the best of my knowledge and withholding information will make the assessment invalid. I can ask for an explanation of my results after the test. I understand that my employer will see the classification of my audiogram but is not entitled to any medical information given here without my permission.

Signed: _____ Date: _____