AUDIOMETRY QUESTIONNAIRE

Name: ___________________________ Date: ___________________________

Job Title: ___________________________ CSU ID: ___________________________ DOB: ____________

When was your last exposure to noise: ___________________________

**General Health**

Serious Illness [ ] yes [ ] no

If yes, describe: _______________________________________________________

Head injury with loss of consciousness [ ] yes [ ] no

History of allergy problems [ ] yes [ ] no

Cold/flu symptoms in last 2 weeks [ ] yes [ ] no

Medications taken in the last month _______________________________________

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

**Hearing and hearing symptoms**

Do you have a family member who had hearing loss before the age of 50? [ ] yes [ ] no

Repeated ear infections in the past? [ ] yes [ ] no

Have you had previous ear surgery? [ ] yes [ ] no

Do you have frequent or severe dizziness? [ ] yes [ ] no

Do you have ringing in your ears? [ ] left [ ] right [ ] both [ ] none

Punctured eardrum? [ ] left [ ] right [ ] both [ ] none

Do you have current ear pain? [ ] left [ ] right [ ] both [ ] none

Do you use a hearing aid? [ ] left [ ] right [ ] both [ ] none

**Current noise exposure at work**

Do you work in a noisy environment? [ ] yes [ ] no

Describe location: _____________________________________________________

Continuous exposure? [ ] yes [ ] no

Intermittent exposure? [ ] yes [ ] no

Do you wear ear plugs or any other device? [ ] yes [ ] no

If yes describe: _______________________________________________________

**Non-work Environment**

Military Service? [ ] yes [ ] no

Listen to loud music or play in a band? [ ] yes [ ] no

Do you or have you shot firearms? [ ] yes [ ] no

Scuba dive? [ ] yes [ ] no

Fly an aircraft, or drive a race car? [ ] yes [ ] no

Do you have noisy hobbies (motorcycles or power tools)? [ ] yes [ ] no

Other: ex. Farm or construction equipment? [ ] yes [ ] no

Have you worked at a noisy job prior to your current job? [ ] yes [ ] no

Did you wear earplugs or other devices before? [ ] yes [ ] no

Do you have a second job that is noisy? [ ] yes [ ] no

Employee Signature: ___________________________ Date: ___________________________

Clinician Review: ___________________________ Date: ___________________________

Comments: ______________________________________________________________

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