AUDIOLOGICAL EVALUATION QUESTIONNAIRE FOR VETERANS

Veteran's Full Name: _____

Veteran's Date of Birth: _____ Today's Date: _____

The following information is needed in order to draft the Nexus Letter for the Veteran Affairs. Please be thorough in your descriptions. Please include dates and describe the event in as much detail as possible.

Military History:

What branch of the military did you serve? _____

What were your roles in the military? What was your military occupational specialty (MOS)?_____

_____

_____

What were your dates of service? _____

Hearing History:

When did you first notice difficulty hearing? _____

Was there an event that occurred during service that started your difficulty with hearing? If yes, describe the event?

_____

_____

_____

_____

How would you best describe your hearing?

- ☐ Hearing is fine with no concerns
- ☐ Difficulty hearing in noisy environments
- ☐ Difficulty hearing in group situations
- ☐ Able to hear but not clearly
- ☐ Difficulty hearing from a distance
- ☐ Unable to hear

Do you feel that your hearing is better in one ear versus the other?

- ☐ Both ears are about the same
- ☐ My right ear is better
- ☐ My left ear is better

Have hearing aids been recommended to you? ☐ Yes ☐ No

If yes, do you wear them and in what ear?

- ☐ Both ears
- ☐ Right ear only
- ☐ Left ear only
- ☐ I do not wear hearing aids

Is there a history of hearing loss in your family? ☐ Yes ☐ No

Who has hearing loss? Do you know the cause of their hearing loss?

_____

_____

Medical History:

Do you have a history of ear problems, medically? Please check all that apply:

- ☐ Ear pain
- ☐ Ear Infections (date of most recent: _____)
- ☐ Fullness or pressure in ears
- ☐ Dizziness
- ☐ History of ear surgery (date of surgery:_____)

Have you ever been diagnosed with and/or received any of the following?

☐ Ostosclerosis	☐ Acoustic neuroma	☐ Cholesteatoma	☐ Labyrinthitis
☐ Meningitis	☐ Meniere's disease	☐ Measles	☐ Permanent hearing loss
☐ Bell's palsy	☐ Radiation/Chemotherapy	☐ Cancer	☐ Ossicular dislocation/fixation
☐ Barotrauma	☐ Sudden hearing loss	☐ Head trauma	☐ Long term IV antibiotics

☐ None of these apply to me

Please provide details regarding the boxes checked above. Please include dates of diagnosis.

_____

_____

Tinnitus History

Do you have ringing in your ears? ☐ Yes ☐ No If yes, what date did it begin? _____

Is it in both ears? ☐ Right ear only ☐ Left ear only ☐ Both ears

Is the ringing constant or does it come and go? ☐ Constant ☐ Intermittent

Can you remember an event during your service when the tinnitus began? Please describe the event.

_____

_____

_____

History of Noise Exposure

What noise exposure did you have prior to your service in the military?

_____

_____

Did you use hearing protection during this time? ☐ Yes ☐ No

Please describe any noise exposure during service.

_____

_____

_____

Please describe noise exposure following your service in the military.

_____

_____

Have you had any recent exposure to any loud noise post-service? Check all that apply.

- ☐ Firearms ☐ Aircraft noise ☐ Farm equipment ☐ Heavy equipment
- ☐ Power tools ☐ Motorcycles/recreational vehicles ☐ Other: _____

Did you use hearing protection during this time? ☐ Yes ☐ No

Veteran's signature: _____

Date this form was completed and signed: _____

Thank you for your service!