

Medical Lifestyle Questionnaire

Please complete as much of this form as you can, before your appointment and give it to your Audiologist at your consultation. This will assist him/her in assessing your hearing. If you suspect that you have excessive wax in your ears, you may wish to consult your GP or Practice Nurse prior to your appointment.

Full Name	
Address	
Town/City	
Postcode	
Telephone	
Mobile	
Email	
Doctor's Name	
Surgery Name	

Do you currently have NHS hearing aids?	Yes	No
Do you currently have privately purchased hearing aids?	Yes	No
Have you visited your GP about earache in the past 90 days?	Yes	No
If yes, please give details		
Have you noticed any discharge, other than wax from your ears	Yes	No
If yes, please give details		
Has your hearing loss been of a sudden or rapid nature?	Yes	NO
If yes, please give details		

Which is your better ear?	Left	Right	No difference
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Have you noticed your hearing has been fluctuating in the last 90 days?	Yes	No
If yes, please give details		

Have you had any excessive noise in the last 5 years?	Yes	No
If yes, please give details		

Do you suffer from Tinnitus? (ringing or buzzing noise in your ears or head?)	Yes	No
Please circle	Continuous	Intermittent
	Left	Right
		Both

Do you suffer from vertigo or balance problems?	Yes	No
If yes, please give details		
Is there any history of hearing problems in your family?	Yes	No
If yes, please give details		
Do you recall having any problems with your ears as a child?	Yes	No
If yes, please give details		

Approximately, how long did you first become aware of a problem with your hearing?	
Years	Months

Have you previously consulted anyone in connection with your hearing difficulty?	Yes	No
If yes, please give details		

Do you find yourself in a number of different listening situations each day?	Yes	No
If yes, please give details of a maximum of 3 of these situations where difficulty occurs:		
1		
2		
3		

Do you find yourself having to ask people to repeat themselves when in conversation?	Yes	No
Do you have difficulty hearing children's voices or the voices of people who are softly spoken?	Yes	No
Do you go to church, the theatre or other public places on a regular basis?	Yes	No

Finally, so as to monitor equal opportunities and fairness across our communities, please indicate your ethnic group:

White British		White Irish	
Mixed White and Black Caribbean Mixed White and African		White Other Background	
Pakistani – Asian/Asian British		Mixed White and Black	
Asian – other background		Mixed – other background, Bangladeshi-Asian/Asian British Caribbean - Black/Black	
African – Black/Black British		Chinese	
Black – other background/ Black British and other Ethnic Group		Unknown, Not given/not stated	

Thank you for taking the time to complete this questionnaire. It will save time for you and your Audiologist during your consultation.

In order for us to proceed with your assessment, you should be aware that the information you give us or the results of any investigations that are carried out may be passed to your family doctor.