Audiometry Questionnaire

LABWORX OCCUPATIONAL HEALTH RESOURCES

This form collects history relevant to occupational hearing testing. It is not a medical diagnosis. Complete every section and discuss questions with the technician or reviewing clinician.

Name _____ **Employee ID / last 4 of SSN** _____ **Date of birth** _____ **Age** _____

Date _____ **Job title** _____ **Employer** _____

When was your last exposure to noise requiring hearing protection? ☐ More than 14 hours ago ☐ Less than 14 hours ago

General Health

Serious illness? ☐ Yes ☐ No

Head injury with loss of consciousness? ☐ Yes ☐ No

History of allergy problems? ☐ Yes ☐ No

Cold or flu symptoms in the last 2 weeks? ☐ Yes ☐ No

If yes, describe

_____

Medications taken during the last month

_____

Have you ever had any of the following?

Measles ☐ Yes ☐ No	Mumps ☐ Yes ☐ No	Scarlet fever ☐ Yes ☐ No
Meningitis ☐ Yes ☐ No	High blood pressure ☐ Yes ☐ No	Diabetes ☐ Yes ☐ No

Hearing History and Symptoms

Do you have a history of hearing loss?	☐ Yes ☐ No
If yes, was it related to work or military service?	☐ Yes ☐ No
Did a family member have hearing loss before age 50?	☐ Yes ☐ No
Repeated ear infections in the past?	☐ Yes ☐ No
Previous ear surgery?	☐ Yes ☐ No
Frequent or severe dizziness?	☐ Yes ☐ No
Ringing in your ears?	☐ Left ☐ Right ☐ Both ☐ None
Punctured eardrum?	☐ Left ☐ Right ☐ Both ☐ None
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

Is the exposure continuous? ☐ Yes ☐ No

Is the exposure intermittent? ☐ Yes ☐ No

Location and noise sources

_____

What hearing protection do you use? ☐ Earplugs ☐ Earmuffs ☐ Other

Other device / description

_____

At work I wear protection: ☐ All the time ☐ Sometimes ☐ Occasionally

Non-work Noise Exposure

Military service? ☐ Yes ☐ No

Listen to loud music or play in a band? ☐ Yes ☐ No

Do you or have you shot firearms? ☐ Yes ☐ No

Do you scuba dive? ☐ Yes ☐ No

Pilot aircraft or drive racing vehicles? ☐ Yes ☐ No

Noisy hobbies, such as motorcycles or power tools? ☐ Yes ☐ No

Use farming or construction equipment? ☐ Yes ☐ No

Previously worked in a noisy job? ☐ Yes ☐ No

Used earplugs, earmuffs, or other hearing protection? ☐ Yes ☐ No

Have a second job with noise exposure? ☐ Yes ☐ No

Work History

Employer	Years employed	Noise exposure?	Protection used?
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

Employee signature _____ **Date** _____

Clinician review _____ **Date** _____

Comments

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