

QUESTIONNAIRE FOR HEARING AND BALANCE DISORDERS

MRN NO: _____ NAME: _____ AGE: _____ SEX: _____

A. GIDDINESS / VERTIGO

1. Duration _____
2. Nature of onset ☐ Sudden ☐ Gradual
3. Progress ☐ Gradual ☐ Rapid
4. Frequency _____
5. Type ☐ Your head spins ☐ Your surrounding spins
☐ Imbalance ☐ Swaying ☐ Fainting
6. Duration of individual attack
☐ Seconds ☐ Minutes ☐ Hours ☐ Days ☐ Continuous
7. Associations
☐ Nausea ☐ Vomiting ☐ Sweating ☐ Palpitation
8. Fluctuation in Deafness ☐ Present ☐ Absent
9. Fullness in Ear ☐ Present ☐ Absent
10. If present in which ear ☐ Right ☐ Left ☐ Both
11. Fluctuation of Tinnitus ☐ Present ☐ Absent
12. If present in which ear ☐ Right ☐ Left ☐ Both
13. Precipitation by Neck Movements ☐ Change of postures ☐ Any ☐ Pressure on the ear
14. Fainting attacks ☐ Present ☐ Absent
15. Headache ☐ Present ☐ Absent

B. HEARING LOSS

1. Side of the ear ☐ Right ☐ Left ☐ Both
2. Type of onset ☐ Sudden ☐ Gradual
3. Progress ☐ Gradual ☐ Rapid
4. Periodicity ☐ Episodic ☐ Intermittent ☐ Continuous
5. Fluctuation ☐ Present ☐ Absent
6. Ear Discharge ☐ Present ☐ Absent
7. Associated with ☐ Giddiness ☐ Common cold

C. RINGING SENSATION IN THE EAR

1. Side of the ear ☐ Right ☐ Left ☐ Both
2. Type of onset ☐ Sudden ☐ Gradual
3. Progress ☐ Gradual ☐ Rapid
4. Periodicity ☐ Episodic ☐ Intermittent ☐ Continuous
5. Frequency ☐ High ☐ Low
6. Intensity ☐ High ☐ Medium ☐ Low

D.DISCHARGE EAR

1. Side of the ear ☐ Right ☐ Left ☐ Both
2. Type of onset ☐ Sudden ☐ Insidious
3. Progress ☐ Gradual ☐ Rapid
4. Periodicity ☐ Intermittent ☐ Continuous
5. Nature of the discharge
- ☐ Colour ☐ Amount ☐ Consistency ☐ Whether blood stained ☐ Smell
6. Facial weakness ☐ Present ☐ Absent
7. Double Vision ☐ Present ☐ Absent
8. Fainting attack ☐ Present ☐ Absent
9. Other symptoms if any _____
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PAST HISTORY

1. Head injury /Surgery of ear ☐ Yes ☐ No
2. Discharging ear ☐ Yes ☐ No
3. Any other diseases ☐ Encephalitis ☐ Measles ☐ Mumps ☐ Others

PERSONAL HISTORY

1. Alcohol ☐
2. Smoking ☐
3. Exposure to loud noise ☐
4. Cardiac disease/Hypertension/Diabetes ☐

FAMILY HISTORY

1. Vertigo in the family ☐
2. Syphilis in the family ☐
3. Migraine ☐
4. Cardiac disease/Hypertension/Diabetes/ Thyroid disorder ☐