Questionnaire for hearing tests (ISO 389-9:2009)

1.	**Name:**	**Date of birth:**	**Gender:**
2.	**Have you ever had trouble with your hearing (for example, infections, ear noises, drainage etc.)?**		
	☐ Yes	☐ No	If yes, please detail:
3.	**Have you ever had an operation in your ear?**		
	☐ Yes	☐ No	If yes, please detail:
4.	**Have your ever taken drugs, tablets or been given injections affected your hearing?**		
	☐ Yes	☐ No	If yes, please detail:
5.	**Have you worked for several years in a place that was very noisy noisy, i.e. where it was difficult to communicate?**		
	☐ Yes	☐ No	If yes, please detail:
6.	**Did you wear any hearing protector at that time?**		
	☐ Yes	☐ No	If yes, please detail:
7.	**Do you attend pop/rock concerts or discotheques?**		
	☐ Never	☐ Once a year	☐ More than once a year
8.	**Do you play any musical instrument?**		
	☐ Yes	☐ No	If yes, please specify:
9.	**Do you listen to personal wearable players?**		
	☐ Never	☐ Less than 2 hours per week	☐ More than 2 hours per week
10.	**Have you been exposed to any loud sounds from, e.g. motorbikes, chain-saws, gunfire, fire-crackers or explosions?**		
	☐ Yes	☐ No	If yes, what kind and how often:
11.	**Does/did anyone in your immediate family have a hearing disorder?**		
	☐ Yes	☐ No	If yes, please specify:
12.	**Have you ever had a hearing test before?**		
	☐ Yes	☐ No	If yes, when and where:
I agree to the storage of my data and their use in connection with the threshold measurements			
Date:		Signature:	