INTERNATIONAL SOS

Audio Questionnaire

Part 1 To be completed and signed by patient

Name	
Date of Birth	
Employer	**HIGHLAND COUNCIL**
Worksite	
Job Title	

Occupational History Including previous roles with present employer

LEAVE BLANK IF HEALTH QUESTIONNAIRE COMPLETED

No.	Dates Worked		Company	Job Title
	From	To		
1				
2				
3				
4				

Hearing Protection

Do you wear ear protection when advised?	YES	NO
Have you worn ear protection in previous employment?	YES	NO

Medical History

Do you consider your hearing to be:	GOOD	FAIR	POOR
Do you need the TV / radio on louder than the rest of your family?	YES	NO	
Do you have difficulty hearing when there is a lot of background noise?	YES	NO	
Any history of:	**YES**	**NO**	
Being knocked unconscious?	☐	☐	
Dizziness or vertigo?	☐	☐	
Hearing loss due to an illness?	☐	☐	
Treatment for TB or malaria?	☐	☐	
Ear problems in the past?	☐	☐	
Deafness in the family, except from old age?	☐	☐	
Exposure to gunfire or explosions?	☐	☐	
Exposure to noise in a previous occupation?	☐	☐	
Exposure to noise in your leisure activities, e.g. At concerts, motorcycles, shooting, DIY?	☐	☐	
Do you take tablets or medicines for any reason?	☐	☐	

If you have answered **YES** to any of the above, please give further details below:

Client Name		Date of Birth	

Have you been exposed to any loud noises in the last 16 hours? If YES, please describe. (e.g. loud music, shooting, work exposure)			
Have you worn any hearing protection today?	NONE	PLUGS	MUFFS
Do you have a respiratory infection / cold?	YES	NO	
When was your previous audiogram?			

Declaration

I declare that the answers given in this form are true to the best of my knowledge and belief. I consent to information regarding the state of my hearing being passed to my employer and /or my GP.

Signature: ____________________ **Date:** ________________

Part 2 To be completed by Medical / Nursing Staff

Is there wax in the external meatus?		YES NO			
Any abnormality of the external meatus?		YES NO			
Left drum	DRUM FULLY VISIBLE	PARTIALLY VISIBLE	NOT SEEN		
Right drum	DRUM FULLY VISIBLE	PARTIALLY VISIBLE	NOT SEEN		
Left tympanic membrane	NORMAL	SCARRED	SCLEROSED	PERFORATED	NOT SEEN
Right tympanic membrane	NORMAL	SCARRED	SCLEROSED	PERFORATED	NOT SEEN
**Rinne (if indicated) AC > BC	Right	YES NO			
	Left	YES NO			
**Weber (if indicated)	LEFT	CENTRAL	RIGHT		

Audiometry Category		Change Since Previous Record	
Left		(a) No Previous Record Available	☐
Right		(b) No Change	☐
		(c) Improvement	☐
Overall		(d) Deterioration	☐
Comments:			

Actions:

- Refer to Physician / GP letter ☐
- Advice on hearing protection ☐
- Repeat audiogram advised Date: ________________

Or: 1 month 3 months 6 months 1 year 2 years 3 years

Clinician Signature: ____________________ (Nurse / Doctor) Date: ________________