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HEARING & BALANCE QUESTIONNAIRE IN ADULTS (7/25)

Name _____ Date _____

The following checklist will assist in determining the cause of your hearing and balance problem. Please read each item carefully and check *only* those factors that apply to you or your family.

Problem

- ☐ Hearing loss
 - Side:* Right, left, or both ears? (circle)
 - Type:* Constant or fluctuating? (circle)
 - Onset:* Gradual or sudden? (circle)
- ☐ Noise or ringing in the ear
 - Side:* Right, left, or both ears? (circle)
 - Pitch:* High, medium or low? (circle)
 - Characteristics:* Pulsating or steady? (circle)
 - Type:* Bothersome or not bothersome? (circle)
 - Onset:* Gradual or sudden? (circle)
- ☐ Dizziness
- ☐ Vertigo or spinning sensation
- ☐ Imbalance
- ☐ Disequilibrium
- ☐ Lightheadedness
- ☐ Motion sickness
- ☐ Staggering when walking
- ☐ Fainting, loss of consciousness, or blackout
- ☐ Sensation that an attack is about to start
- ☐ Duration of each attack or spells:

- ☐ How often are the attacks or spells?:

- ☐ Date when the attacks or spells began?:

Above Symptoms Associated With ...

- ☐ Head positional changes
- ☐ Sweating
- ☐ Spots before the eyes
- ☐ Headache
- ☐ Plugging or fullness in the ears
- ☐ Nausea
- ☐ Vomiting
- ☐ Worsening with menstrual periods
- ☐ Increased stress in your life
- ☐ A recent flu or cold
- ☐ A recent ear or mastoid infection
- ☐ Recent head or neck injury
- ☐ Recent ear injury
- ☐ Recent spinal tap, lumbar puncture or epidural procedure
- ☐ Recent minor or major surgery

- ☐ Recent anesthesia
- ☐ Associated with heavy lifting, straining, exercise, or exertion
- ☐ Recent pressure change (airplane flight, altitude, barometric pressure change, nose blowing)
- ☐ Recent scuba diving
- ☐ Extreme loud noise exposure (factory, construction, military, explosions, motorized tools, chainsaw, farm machinery, loud music, etc)
- ☐ Use of Lasix, aspirin, intravenous antibiotics, quinine, neomycin, streptomycin, or chemotherapy agents in the past few months
- ☐ New medications (Please list)

Personal Medical History

- ☐ Previous head or neck surgery
- ☐ Previous ear or mastoid surgery
- ☐ Hearing aid use
- ☐ Meniere's disease
- ☐ Allergies (Inhalants, food, chemicals)
- ☐ Meningitis
- ☐ Measles, mumps, diphtheria, scarlet fever, or whooping cough in the past
- ☐ Noisy hobbies (hunting, target shooting, firearm usage, flying, auto racing, bandplaying or motorcycle use)
- ☐ Diabetes
- ☐ Lupus
- ☐ Rheumatoid arthritis
- ☐ Connective tissue or autoimmune disease
- ☐ Hardening of the arteries
- ☐ Heart disease
- ☐ Syphilis
- ☐ High blood pressure
- ☐ Anemia or sickle cell anemia
- ☐ Thyroid disease

Family History

- ☐ Other family members with hearing loss before age 5