

## Audiology Department

# ENT Virtual Clinic

## Pre-appointment Questionnaire

Please complete the questionnaire below and bring it with you to your audiology appointment.

Name:

Hospital number (if known):

1) Have you experienced pain in or around your ear lasting for a week or more in the last three months?

Yes  No

2) Have you experienced any discharge from your ears (other than wax) in the last 90 days?

Yes  No

3) Has your hearing loss developed rapidly? (rapid = has it come on in the last 90 days or less?)

Yes  No

4) Do you experience tinnitus?

Yes  No

5) If yes do you experience it as coming from one ear only?

Yes  No

6) Does it sound like your pulse?

Yes  No

**7)** Have you experienced vertigo (hallucination of movement) which has not fully resolved, or is recurring?

Yes  No

**8)** Have you ever undergone surgery on your ear(s)?

Yes  No

**9)** Does your hearing loss fluctuate, other than fluctuations associated with colds?

Yes  No

**10)** Have you recently experienced an altered sensation or numbness in your face? Or a facial droop?

Yes  No