CRYSTAL COMMUNITY ENT

Ear Pressure / Fullness / Eustachian Tube Dysfunction Questionnaire

PATIENT NAME: _____DOB:_____ DATE: _____

Over the past 1 month, how much has each of the following been a problem for you?	**No Problem**	**Mild**		**Moderate**		**Severe**
1. Pressure in the ears?	0	1	2	3	4	5
2. Pain in the ears?	0	1	2	3	4	5
3. A feeling that your ears are clogged or “under water”?	0	1	2	3	4	5
4. Ear symptoms when you have a cold or sinusitis?	0	1	2	3	4	5
5. Crackling or popping sounds in the ears?	0	1	2	3	4	5
6. Ringing in the ears?	0	1	2	3	4	5
7. A feeling that your hearing is muffled?	0	1	2	3	4	5
8. Hearing loss?	0	1	2	3	4	5

(If you answer 1-5 in question 8 please fill out other side)

HEARING QUESTIONNAIRE

PATIENT NAME: _____ DATE: _____

	YES	NO	N/A	COMMENTS:
1. Do you have difficulties hearing your spouse, family members or people living with you?				
2. Do you have ringing/noises in your ears?				
3. Do you have difficulties hearing in a group conversation of 2 to 5 people?				
4. Do you have difficulties hearing conversation in a crowded room?				
5. Do you have difficulties hearing people who are not familiar to you?				
6. Do you miss the start of conversations or when someone speaks to you?				
7. Do you have difficulty hearing what is being said on the TV/radio if someone other than you adjust the volume?				
8. Do you have difficulty following a conversation normally at work, in a bus or car, or when shopping?				
9. Do you have difficulty determining where sound comes from?				
10. When someone calls out your name do you have trouble knowing where he or she is?				
11. Do you have difficulty hearing with someone seated at your deaf ear side?				
12. Do you ever misjudge the direction that sound is coming from?				
13. Can you hear someone ringing the doorbell or knocking on the door?				
14. Can you hear the telephone ringing?				
15. Do you have a problem with conversation on the phone?				
16. Do you ever feel in danger when alone because of your hearing disability?				
17. Have your family or friends changed their behavior because of your hearing loss?				
18.Have you changed your social / personal behavior because of your hearing loss?				