[2] HEARING QUESTIONNAIRE

[Label area]

LADWP Occupational Health Services
111 N. Hope St. Rm 538, Los Angeles, CA 90012, (213) 367-2001

Complete this section if you are to be monitored for possible noise exposure.

Name ____________________ EID # ______________ Date ___________

Historical

YES	NO	Have you had:	If "YES", then indicate when you last had the symptom:
☐	☐	A loss in your hearing?	______________________
☐	☐	A perforated eardrum?	______________________
☐	☐	An injury to head or ears?	______________________
☐	☐	Frequent ear infections?	______________________
☐	☐	Ringing or buzzing in your ears?	______________________
☐	☐	Problem with dizziness or unsteadiness?	______________________
☐	☐	Have you ever had medical treatment for an ear problem? If yes, explain:	

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Current Symptoms

Have you within the last 24 hours:

YES	NO	
☐	☐	Had ringing in your ears?
☐	☐	Had a cold, flu or sinus condition?
☐	☐	Had an earache?
☐	☐	Been exposed to loud noise without hearing protection?
☐	☐	Taken medications, including aspirin or antibiotics?

Noise Environment

YES	NO	
☐	☐	Do you have any hobbies or activities outside of work that involve loud noises? If yes, please list them:

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☐	☐	Have you ever used firearms or served in the armed forces?
☐	☐	Do you normally wear hearing protection on the job?