

Health Assessment of Noise Exposure Update Questionnaire

Please fill out the following questionnaire as completely and accurately as you can. All information, which you provide, becomes a confidential part of your medical record subject to release only at your request or as required by law.

Name: _____ Today's Date: _____
 Birth date: _____ Job Title: _____
 Department: _____ Work Site(s): _____
 Home Address: _____ Home Phone: _____
 City/Zip: _____ Work Phone: _____

Noise Exposures

1. Are you exposed to loud noise at your current job? No Yes. If yes, please describe the source(s) of that noise and the amount of time you are exposed each day.

| Source | Average hours/day | Times/month |
|--------|-------------------|-------------|
| _____ | | |
| _____ | | |

2. Do noise levels prevent conversation with co-workers in a normal voice level when at work? No Yes

3. Do you regularly engage in noisy hobbies such as use of motorcycles, power tools, firearms, or loud music?

No Yes. If yes, please describe: _____

4. Do you currently use hearing protection? No Yes. If yes, which: plugs muffs other.

Any problems with hearing protectors? _____

Symptoms

Since your last hearing evaluation here, have you:

Yes **No**

 noticed a change in your hearing or your ability to understand words in everyday speech?

 noticed ringing or a temporary reduction in hearing after work?

 used hearing protection whenever exposed to loud noise.

 seen a doctor about your ears. If yes, why? _____

Do you currently use tobacco products? No Yes

Kind: _____ Amount per day: _____

Have you developed any other medical problems during the past year? No Yes

If yes, please explain: _____

Do you have any other questions or concerns about your hearing or the use of hearing protectors?

 Reviewed by: _____

