

Hyperacusis Intake Questionnaire

Patient Name: _____ Date: _____

Some people report that many sounds are too loud for them; however, these same sounds do not appear too loud to others. This is called hyperacusis.

For questions that ask you to rate on a scale from 0 to 100, 0 = <i>strongly disagree</i> and 100 = <i>strongly agree</i>.				
1.	Sounds that others believe are moderately loud are too loud to me.	_____ (0–100)		
2.	Which ear(s) seems to be affected by the hyperacusis? (circle one)	Left Right Both		
3.	How long have you had hyperacusis?	_____ months OR _____ years		
4.	What do you think originally caused your hyperacusis? (Please choose only ONE answer)			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> a. Accident b. Aging c. Infection/virus d. Hearing loss (long term) e. Hearing loss (sudden) f. Medications </td> <td style="width: 50%; border: none;"> g. Ménière’s Disease h. Noise exposure–continuous i. Noise exposure–impulsive j. Surgery k. I don’t know l. Other _____ </td> </tr> </table>	a. Accident b. Aging c. Infection/virus d. Hearing loss (long term) e. Hearing loss (sudden) f. Medications	g. Ménière’s Disease h. Noise exposure–continuous i. Noise exposure–impulsive j. Surgery k. I don’t know l. Other _____	
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5.	Has it gotten worse, better, or stayed the same since it first started? (circle one)	Same Better Worse		
6.	Which of the following sounds or events are often too loud for you?			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> a. Baby crying/children squealing b. Crowds/large gatherings c. Dishes being stacked d. Dog barking e. High pitch voices/screaming f. Lawnmower g. Music (loud rock concerts) h. Music (religious service) i. Music (symphony, quartet, etc.) </td> <td style="width: 50%; border: none;"> j. Power tools k. Restaurants l. Sporting events m. Telephone ringing n. TV/radio o. Vacuum cleaner p. Whistle/horn/siren q. Other _____ </td> </tr> </table>	a. Baby crying/children squealing b. Crowds/large gatherings c. Dishes being stacked d. Dog barking e. High pitch voices/screaming f. Lawnmower g. Music (loud rock concerts) h. Music (religious service) i. Music (symphony, quartet, etc.)	j. Power tools k. Restaurants l. Sporting events m. Telephone ringing n. TV/radio o. Vacuum cleaner p. Whistle/horn/siren q. Other _____	
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7.	Which of the following sounds or events are those that you are annoyed by?																			
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9.	How often do you experience headaches?	_____ #/month																		
10.	Rate the severity of these headaches from 0 to 100.	_____ (0-100)																		
11.	How often do you experience balance problems?	_____ #/month																		
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13.	How often do bright lights bother you?	_____ #/month																		
14.	Rate the severity of how bothersome bright lights are from 0 to 100.	_____ (0-100)																		
15.	How often do you experience smell problems?	_____ #/month																		
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17.	Are you bothered by strong smells? If yes, please check those below that bother you.	Yes	No														
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18.	Are you bothered by certain tastes? If yes, please circle those below that bother you.	Yes	No														
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22.	In which ear do you wear hearing aids?	a. Left b. Right c. Both d. None
23.	Do you suffer from tinnitus?	a. Yes b. No