



NOISE INDUCED HEARING LOSS QUESTIONNAIRE

All employees/self employed contractors must complete this Noise Induced Hearing Loss Questionnaire
Also all current employees / self employed contractors whose job role involves work in potentially noisy environments must complete this Noise Induced Hearing Loss Questionnaire at 12-monthly intervals.

Name _____

Address _____

Job Role: _____

All personal information that you provide will be treated in the strictest confidence.

Please tick as appropriate:

Hearing Medical Section	Yes	No
1. Do you currently have any medical problems with your hearing or ears, including attendance at your GP or to an Ear Nose & Throat (ENT) Consultant? If YES Please provide details:		
2. Have you had infections or discharges from your ears previously? If YES Please provide details:		
3. Do you or have you had ringing in the ears or tinnitus? If YES Please provide details:		
4. Have you ever had operations on your ears for any conditions, including (but not limited to) Mastoids, Drum repair, perforation of the ear drum? If YES Please provide details:		

Please tick as appropriate:



Previous Work Environment	Yes	No
<p>1. Have you ever been a member of the armed forces? If YES, did your job role involve extensive use of weaponry, such as small arms, operating artillery, or involve use of other noisy equipment? Please provide details, including length of service:</p>		
<p>2. In previous or your current job role(s) have you worked with noisy machinery or in noisy environments where you had to shout to be heard? If YES please identify length of service in this position? _____ IF YES did you wear any hearing protection during work? Please identify the type worn: Ear Plugs Ultra Ear Caps Taper fit Ear Muffs/Defenders Helmet mounted? individual unit? Was hearing protection worn at all times? or infrequently?</p>		

Current Work Environment	Yes	No
<p>1. Do you currently work in noisy environments? If YES please identify length of service in this position? _____ Do you always wear the hearing protection provided by the company? Please identify the hearing protection worn during work: Ear Plugs Ultra Ear Caps Taper fit Ear Muffs/Defenders Helmet mounted? individual unit? Is hearing protection worn at all times? or infrequently?</p>		

Please tick as appropriate:



General Hearing Health	Yes	No
1. Can you hear and understand men's voices better than women or children?		
2. Do you have trouble hearing birds or the wind in the trees?		
3. Do voices sound blurry, like people mumbling?		
4. Do you have trouble following conversations when two or more people are talking at the same time?		
5. Do people complain you have the TV or radio on too loud for them?		
6. Do you need to turn towards those speaking or cup your ears to hear?		
7. Do you find you need to frequently ask people to repeat themselves?		
8. Do you sometimes miss common sounds (heard by others) i.e. door bells or the telephone?		
9. Do you have difficulty in hearing over increased distances, i.e. at concert, theatres etc?		
10. Does your hearing ever seem out of balance i.e. louder on one side than the other?		

Applicant / Employee/ Self Employed or Sub Contractor to complete:

One or more of the above applies to me: None of the above applies to me:

Signed _____ Name (print) _____ Date _____

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Action taken by Manager at : Initial (Tick) Twelve-monthly period (Tick)

Assessment Satisfactory: (Tick) Assessment Not Satisfactory (Tick)

Individual Referred for Medical Examination (Tick)

Is an individual risk assessment considered necessary? Yes No

Manager Signed _____ Name (print) _____ Date _____