

Prevalence of Hearing Loss in Dental Professionals

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Today’s Date: _____

Name: _____

Date of Birth: _____

Would you like to be contacted for future studies on this topic? _____ Yes _____ No

Contact Info

Phone: _____

Email: _____

Gender: _____ Male
_____ Female
_____ Nonbinary

Years of Practice: _____
(Effective Years)

Dental Specialty: _____ Pediatric Dentist _____ Oral and Maxillofacial Surgeon
_____ Endodontist _____ Dental Anesthesiologist
_____ Orthodontist _____ Research / Non-Clinical
_____ Periodontist _____ Other
_____ Prosthodontist Please specify: _____

Use of Hearing Protection: _____ Always How long? _____ years
_____ Sometimes
_____ Never

Known Hearing Loss: _____ Yes Since when? _____ Use of Hearing Aids? _____
_____ No
_____ Not sure

Recreational Noise Exposure: _____ Yes Use of Hearing Protection? _____
_____ No

Family History of Hearing Loss: _____ Yes
_____ No
_____ Unknown

Otologic History: Select all that apply.

- ☐ Ear Infections
- ☐ Otolgia (Ear pain)
- ☐ Aural Fullness / Pressure
- ☐ TMJ Disorder
- ☐ Head Trauma
- ☐ Dizziness / Vertigo
- ☐ Sensitive to Loud Sounds
- ☐ Known Use of Ototoxic Medication

How often do you have your hearing tested?

- ☐ Every year
- ☐ As needed
- ☐ Never had a hearing test

Do you have difficulty understanding speech?

- ☐ No
- ☐ Yes, in quiet
- ☐ Yes, with background noise

Tinnitus:

- ☐ Yes ☐ Left ☐ Right ☐ Both / Around the Head
- ☐ No
- ☐ Sometimes

Handedness:

- ☐ Left
- ☐ Right
- ☐ Ambidextrous