ACC724

Hearing Loss Questionnaire

Fill in this form so we can work out what help we can give you for your hearing loss.

When you've finished, return this form to your audiology provider.

1. Your details	
Your name:	Claim number:
Contact number:	Date of birth:
Country of Birth:	Date of NZ residency (if not born in NZ):
Address:	Email address:
Your current employment status: ☐ employee ☐ self-employed ☐ retired or not working	
If you're employed, who is your current employer?	
If you're retired or you're not working any more, the date you stopped working:	

2. Medical information and medical history	
If you have a copy of any hearing test results, please provide copies to your audiology provider.	
What date did you first notice you had a problem with your hearing?	
Have you had a recent hearing test? ☐ Yes ☐ No Which clinic were you seen at?	
Have you been assessed anywhere else? Family doctor ☐ Hearing clinic – testing ☐ Occupational nurse or GP at your workplace ☐ Specialist (Ear, nose and throat) ☐ Other	
Please provide name of provider and approximate dates:	
Have any of your family had hearing loss? e.g., parents, children, brothers or sisters	☐ Yes ☐ No Family member relationship?
What was the cause of their hearing loss, if known?	
Have you ever had any of the following? Ear surgery, injury or infection ☐ Yes ☐ No Serious head injury ☐ Yes ☐ No Stroke ☐ Yes ☐ No Diabetes ☐ Yes ☐ No Chemotherapy/radiation treatment ☐ Yes ☐ No	Treatment Details (when, who, place of treatment):

Kidney failure	☐ Yes ☐ No	
Tuberculosis	☐ Yes ☐ No	
Meningitis	☐ Yes ☐ No	

3. Recreational noise history		
Have you ever been exposed to any noisy recreational or life activities that occur frequently (more than every 2 weeks)? e.g., firearms usage or playing in a band		
Noisy activity:	How often did you use hearing protection?	Details (when, how often. If firearm use, **which side did you shoot from**):
	☐ Always ☐ Sometimes ☐ Never	
	☐ Always ☐ Sometimes ☐ Never	
	☐ Always ☐ Sometimes ☐ Never	

4. Work history details

Please provide your FULL work history, starting from time you left school until the present day (or until you retired), for every job that you've done in New Zealand and overseas, whether you were working for an employer or for yourself. We do not require specific employers just the industry you worked in for example: mechanic, carpentry.

Have you ever served in NZ Defence Force? ☐ Yes ☐ No	Which service did you work in? Army / Navy / Air Force	What is your service number?	What years did you serve?

Questions about your work	Job 1	Job 2	Job 3
What type of work or industry did you work in? eg farming, construction, mining			
What years did you work in this industry e.g. 1970 – 2012?			
Was this work in New Zealand?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If no, did you pay New Zealand income tax on your earnings?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
What were the main noises you were exposed to?			
Did you have to shout to be heard?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Did you wear hearing protection?	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never
What type did you wear?	☐ Earmuffs ☐ Ear plugs	☐ Earmuffs ☐ Ear plugs	☐ Earmuffs ☐ Ear plugs

4. Work history details, continued.

Please provide your FULL work history, starting from time you left school until the present day (or until you retired), for every job that you've done in New Zealand and overseas, whether you were working for an employer or for yourself. We do not require specific employers just the industry you worked in for example: mechanic, carpentry.

Questions about your work	Job 4	Job 5	Job 6
What type of work or industry did you work in? eg farming, construction, mining			
What years did you work in this industry e.g., 1970 – 2012?			
Was this work in New Zealand?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If no, did you pay New Zealand income tax on your earnings?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
What were the main noises you were exposed to?			
Did you have to shout to be heard?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Did you wear hearing protection?	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never	☐ Always ☐ Sometimes ☐ Never
What type did you wear?	☐ Earmuffs ☐ Ear plugs	☐ Earmuffs ☐ Ear plugs	☐ Earmuffs ☐ Ear plugs

Please continue on a separate piece of paper or print this page again to capture additional jobs.

6. Your comments
Please tell us anything else you'd like us to know about your hearing loss and how it impacts you on a day-to-day basis:

7. Declaration and signature	
I confirm that to the best of my knowledge, all the information I've provided on this form is true and correct. I authorise ACC to contact the hospitals, doctors, specialists, or employers listed on this form if more information is needed to help make a decision about my claim.	
Signature:	Date:
Client representative's name if signing on behalf of the client:	Relationship to the client, e.g., friend, partner:
Client representative's signature:	Date:

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