REFERENCES


215


216


APPENDICES:

Appendix A: The interview

<table>
<thead>
<tr>
<th>PERSONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>MM/YY/DD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INFORMATION REGARDING HEARING STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints of a hearing loss?</td>
</tr>
<tr>
<td>If Yes, what is the degree of the hearing loss?</td>
</tr>
<tr>
<td>When was the onset of the hearing loss?</td>
</tr>
<tr>
<td>What was the cause of the hearing loss?</td>
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<tr>
<td>Is there a history of hearing loss in the family?</td>
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<tr>
<td>If yes, what was the cause: genetic/trauma/unknown?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaints of current middle ear problems?</th>
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</thead>
<tbody>
<tr>
<td>If Yes, what is the current status of the middle ear problem, for example, does the subject experience any hearing loss, pain or fluid discharge.</td>
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<tr>
<td>What was the frequency of past middle ear infections.</td>
</tr>
<tr>
<td>Any allergies?</td>
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</tbody>
</table>
**Complaints of tinnitus?** If yes, what is the perceived pitch and loudness level of the tinnitus?

**Complaints of vertigo?** If yes, how severe and how frequent?

**Has the subject been exposed to high noise levels?**
If yes, amount of noise exposure:
Type of noise exposed to for example gun shots, machinery, loud music.

**What types of medication does the subject currently use?**