LHI

HEARING LOSS AND TINNITUS DISABILITY BENEFITS QUESTIONNAIRE

NAME OF PATIENT/VETERAN:	SSN:	EXAMINATION DATE:
[redacted]	[redacted]	[redacted]

ACCEPTABLE CLINICAL EVIDENCE (ACE) AND EVIDENCE REVIEW

INDICATE METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.

☐ Examination via approved video telehealth

☒ In-person examination

EVIDENCE REVIEWED

EVIDENCE REVIEWED *(check all that apply)*:

☐ Not requested

☐ No records were reviewed

☐ VA claims file (hard copy paper C-file)

☒ VA e-folder (VBMS or Virtual VA)

☐ CPRS

☒ Other (please identify other evidence reviewed):

EVIDENCE COMMENTS:

HEARING LOSS AND TINNITUS DISABILITY BENEFITS QUESTIONNAIRE

NOTE: This form is only for use by VHA staff or contract examiners.

This exam is for:

- ☐ Tinnitus only (audiologist or non-audiologist clinician) If this exam is for tinnitus only, complete section 2 only. Otherwise complete entire form.
- ☒ Hearing loss and/or tinnitus (audiologist, performing current exam)
- ☐ Hearing loss and/or tinnitus (audiologist or non-audiologist clinician, using audiology report of record that represents Veteran's current condition)
  If using audiology report of record, date audiology exam was performed:

SECTION 1 - HEARING LOSS (HL)

NOTE: all testing must be conducted in accordance with the following instructions to be valid for VA disability evaluation purposes.

Instructions: *An examination of hearing impairment must be conducted by a state-licensed audiologist and must include a controlled speech discrimination test (specifically, the Maryland CNC recording) and a puretone audiometry test in a sound isolated booth that meets American National Standards Institute standards (ANSI S3.1.1999 [R2004]) for ambient noise. Measurements will be reported at the frequencies of 500, 1000, 2000, 3000, and 4000 Hz.*

The examination will include the following tests: Puretone audiometry by air conduction at 250, 500, 1000, 2000, 3000, 4000, 6000 Hz and 8000 Hz, and by bone conduction at 250, 500, 1000, 2000, 3000, and 4000 Hz, spondee thresholds, speech discrimination using the recorded Maryland CNC Test, tympanometry and acoustic reflex tests (ipsilateral and contralateral), and, when necessary, Stenger tests. Bone conduction thresholds are measured when the air conduction thresholds are poorer than 15 dB HL. A modified Hughson-Westlake procedure will be used with appropriate masking. A Stenger must be administered whenever puretone air conduction thresholds at 500, 1000, 2000, 3000, and 4000 Hz differ by 20 dB or more between the two ears.

Maximum speech discrimination will be reported with the 50 word VA approved recording of the Maryland CNC test. The starting presentation level will be 40 dB re SRT. If necessary, the starting level will be adjusted upward to obtain a level at least 5 dB above the threshold at 2000 Hz, if not above the patient's tolerance level.

The examination will be conducted without the use of hearing aids. Both ears must be examined for hearing impairment even if hearing loss in only one ear is at issue.

When speech discrimination is 92% or less, a performance intensity function must be obtained.

A comprehensive audiological evaluation should include evaluation results for puretone thresholds by air and bone conduction (500-8000 Hz), speech reception thresholds (SRT), speech discrimination scores, and acoustic immittance with acoustic reflexes (ipsilateral and contralateral reflexes). Tests for non-organicity must be performed when indicated.

1. OBJECTIVE FINDINGS

a. PURETONE THRESHOLDS IN DECIBELS (*air conduction*):

Instructions: Measure and record puretone threshold values in decibels at the indicated frequencies (air conduction). Report the decibel (dB) value, which ranges from - 10 dB to 105 dB, for each of the frequencies. Add a plus behind the decibel value when a maximum value has been reached with a failure of response from the Veteran. In those circumstances where the average includes a failure of response at either the maximum allowable limit (105 dB) or the maximum limits of the audiometer, use this maximum decibel value of the failure of response in the puretone threshold average calculation.

If the Veteran could not be tested (CNT), enter CNT and state the reason why the Veteran could not be tested. Clearly inaccurate, invalid or unreliable test results should not be reported.

The puretone threshold at 500 Hz is not used in calculating the puretone threshold average for evaluation purposes but is used in determining whether or not for VA purposes, hearing impairment reaches the level of a disability. The puretone threshold average requires the decibel levels of each of the required frequencies (1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz) be recorded for the test to be valid for determination of a hearing impairment.

RIGHT EAR

A	B	C	D	E	F	G	
500 Hz*	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Avg Hz (B-E)**
15	10	15	35	30	35	25	22

LEFT EAR

A	B	C	D	E	F	G	
500 Hz*	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	Avg Hz (B-E)**
20	15	15	15	20	25	25	16

*the puretone threshold at 500 Hz is not used in determining the evaluation but is used in determining whether or not a ratable hearing loss exists.
**The average of B, C, D, and E.
***CNT – could not test

b. WERE THERE ONE OR MORE FREQUENCY(IES) THAT COULD NOT BE TESTED?

☐ YES ☒ NO

If yes, enter CNT in the box for frequency(ies) that could not be tested, and explain why testing could not be done:

c. VALIDITY OF PURETONE TEST RESULTS:

☒ Test results are valid for rating purposes.

☐ Test results are not valid for rating purposes (not indicative of organic hearing loss).

If invalid, provide reason:

d. SPEECH DISCRIMINATION SCORE (MARYLAND CNC WORD LIST)

Instructions on pausing: Examiners should pause when necessary during speech discrimination tests, in order to give the Veteran sufficient time to respond. This will ensure that the test results are based on actual hearing loss rather than on the effects of other problems that might slow a Veteran's response. There are a variety of problems that might require pausing, for example, the presence of cognitive impairment. It is up to the examiner to determine when to use pausing and the length of the pauses.

RIGHT EAR	70	%
LEFT EAR	70	%

e. APPROPRIATENESS OF USE OF SPEECH DISCRIMINATION SCORE (MARYLAND CNC WORD LIST)

Right Ear:

Is Word Discrimination Score available?

☒ YES ☐ NO

Word Discrimination Score appropriateness:

☒ Use of speech discrimination score is appropriate for this Veteran.

☐ The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

Left Ear:

Is Word Discrimination Score available?

☒ YES ☐ NO

Word Discrimination Score appropriateness:

☒ Use of speech discrimination score is appropriate for this Veteran.

☐ The use of the speech discrimination score is not appropriate for this Veteran because of language difficulties, cognitive problems, inconsistent speech discrimination scores, etc., that make combined use of puretone average and speech discrimination scores inappropriate.

f. AUDIOLOGIC FINDINGS

Summary of Immittance (Tympanometry) Findings:

	RIGHT EAR	LEFT EAR
Acoustic immittance	Normal ☐ Abnormal ☐	Normal ☒ Abnormal ☐
Ipsilateral Acoustic Reflexes	Normal ☐ Abnormal ☐	Normal ☒ Abnormal ☐
Contralateral Acoustic Reflexes	Normal ☐ Abnormal ☐	Normal ☒ Abnormal ☐
Unable to interpret reflexes due to artifact	☒	☐
Unable to obtain/maintain seal	☐	☐

HEARING LOSS AND TINNITUS DISABILITY BENEFITS QUESTIONNAIRE

2. DIAGNOSIS

Right Ear	ICD Code:
☐ Normal hearing	
☐ Conductive hearing loss	
☐ Mixed hearing loss	
☒ Sensorineural hearing loss (in the frequency range of 500-4000 Hz)*	ICD code: H90.41
☐ Sensorineural hearing loss (in the frequency range of 6000 Hz or higher frequencies) **	
☐ Significant changes in hearing thresholds in service***	

Left Ear	ICD Code:
☐ Normal hearing	
☐ Conductive hearing loss	
☐ Mixed hearing loss	
☐ Sensorineural hearing loss (in the frequency range of 500-4000 Hz)*	
☐ Sensorineural hearing loss (in the frequency range of 6000 Hz or higher frequencies) **	
☒ Significant changes in hearing thresholds in service***	

NOTES:

*The Veteran may have hearing loss at a level that is not considered to be a disability for VA purposes. This can occur when the auditory thresholds are greater than 25 dB at one or more frequencies in the 500-4000 Hz range.

**The Veteran may have impaired hearing, but it does not meet the criteria to be considered a disability for VA purposes. For VA purposes, the diagnosis of hearing impairment is based upon testing at frequency ranges of 500, 1000, 2000, 3000, and 4000 Hz. If there is no HL in the 500-4000 Hz range, but there is HL above 4000 Hz, check this box.

***The Veteran may have a significant change in hearing threshold in service, but it does not meet the criteria to be considered a disability for VA purposes. (A significant change in hearing threshold may indicate noise exposure or acoustic trauma.)

3. ETIOLOGY

☐ Etiology opinion not indicated as:
- ☐ Service connected condition
- ☐ VBA did not request etiology

Right Ear:

Was there permanent positive threshold shift (worse than reference threshold) greater than normal measurement variability at any frequency between 500 and 6000 HZ for the right ear?

☒ YES ☐ NO

Opinion provided for the right ear:

☒ YES ☐ NO

If present, is the Veteran's hearing loss at least as likely as not (50% probability or greater) caused by or a result of an event in military service?

☐ YES
☒ NO
☐ Cannot provide a medical opinion regarding the etiology of the Veteran's hearing loss without resorting to speculation

Rationale (Provide rationale for a yes, no answer or speculation reason):

Veteran's hearing thresholds at time of entrance and separation were within normal limits. According to the American College of Occupational Medicine Noise and Hearing Conservation Committee, "a noise induced hearing loss will not progress once it is stopped." Therefore it is my opinion that the Veteran's current hearing loss is less likely than not related to military noise exposure/acoustic trauma.

Did hearing loss exist prior to the service?

☐ YES ☒ NO

If yes, was the pre-existing hearing loss aggravated beyond normal progression in military service?

☐ YES ☐ NO

Provide rationale for both yes or no:

LHI

HEARING LOSS AND TINNITUS DISABILITY BENEFITS QUESTIONNAIRE

Left Ear:

Was there permanent positive threshold shift (worse than reference threshold) greater than normal measurement variability at any frequency between 500 and 6000 HZ for the left ear?

☒ YES ☐ NO

Opinion provided for the left ear:

☒ YES ☐ NO

If present, is the Veteran's hearing loss at least as likely as not (50% probability or greater) caused by or a result of an event in military service?

☐ YES

☒ NO

☐ Cannot provide a medical opinion regarding the etiology of the Veteran's hearing loss without resorting to speculation

Rationale (Provide rationale for a yes, no answer or speculation reason):

Veteran's hearing thresholds at time of entrance and separation were within normal limits; According to the American College of Occupational Medicine Noise and Hearing Conservation Committee, "a noise induced hearing loss will not progress once it is stopped." Therefore it is my opinion that the Veteran's current hearing loss is less likely than not related to military noise exposure/acoustic trauma.

Did hearing loss exist prior to the service?

☐ YES ☒ NO

If yes, was the pre-existing hearing loss aggravated beyond normal progression in military service?

☐ YES ☐ NO

Provide rationale for both yes or no:

4. FUNCTIONAL IMPACT OF HEARING LOSS

Note: Ask the Veteran to describe in his or her own words the effects of disability (i.e. The current complaint of hearing loss on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

Does the Veteran's hearing loss impact ordinary conditions of daily life, including ability to work?

☒ YES ☐ NO

If yes, describe impact in the Veteran's own words:

Veteran reported not always being able to understand conversations because he misses what is being said. Veteran reported having to make sure he is looking at people when they are talking to him and has to reads lips in order to understand what is being said.

5. REMARKS, IF ANY, PERTAINING TO HEARING LOSS:

Otoscopic evaluation was normal bilaterally.

SECTION 2 - TINNITUS

1. MEDICAL HISTORY

DOES THE VETERAN REPORT RECURRENT TINNITUS?

☒ YES ☐ NO

Date and circumstances of onset of tinnitus:

2004

Veteran did not report any significant circumstances surrounding the onset.

2. ETIOLOGY OF TINNITUS

☐ Etiology opinion not indicated as:
- ☐ Service connected condition
- ☐ VBA did not request etiology

☐ The Veteran has a diagnosis of clinical hearing loss, and his or her tinnitus is at least as likely as not (50% probability or greater) a symptom associated with the hearing loss, as tinnitus is known to be a symptom associated with hearing loss

☐ Less likely than not (less than 50% probability) a symptom associated with the Veterans hearing loss
Rationale:

☒ At least as likely as not (50% probability or greater) caused by or a result of military noise exposure
Rationale:
The Veteran was exposed to excessive noise exposure (acoustic trauma) during service. Excessive noise exposure (acoustic trauma) is known to cause tinnitus; therefore the tinnitus is at least as likely as not a result of military noise exposure.

☐ At least as likely as not (50% probability or greater) due to a known etiology (such as traumatic brain injury)
Etiology and rationale:

☐ Less likely than not (less than 50% probability) caused by or a result of military noise exposure
Rationale:

☐ Cannot provide a medical opinion regarding the etiology of the Veteran's tinnitus without resorting to speculation
Reason speculation required:

LHI

HEARING LOSS AND TINNITUS DISABILITY BENEFITS QUESTIONNAIRE

3. FUNCTIONAL IMPACT OF TINNITUS

NOTE: Ask the Veteran to describe in his or her own words the effects of disability (i.e. the current complaint of tinnitus on occupational functioning and daily activities). Document the Veteran's response without opining on the relationship between the functional effects and the level of impairment (audiogram) or otherwise characterizing the response. Do not use handicap scales.

Does the Veteran's tinnitus impact ordinary conditions of daily life, including ability to work?

☒ YES ☐ NO

If yes, describe impact in the Veteran's own words:

Veteran reported tinnitus significantly impacts his ability to understand conversations and to sleep at night. Veteran reported is most bothersome in quiet and he constantly has to sleep with a white noise machine due to the severity of the tinnitus.

4. REMARKS, IF ANY, PERTAINING TO TINNITUS:

Veteran reported constant bilateral tinnitus.

CERTIFICATION: to the best of my knowledge, the information contained herein is accurate, complete and current.

AUDIOLOGIST/CLINICIAN SIGNATURE: [redacted] Digitally Signed 01/20/2017 01:02:29 PM

Audiology

DATE: 1/20/2017

AUDIOLOGIST/CLINICIAN PRINTED NAME: [redacted]

STATE AUDIOLOGY/EXAMINER LICENSE #: [redacted]

PHYSICIAN ADDRESS:
4201 Northview Drive Suite 410 Bowie MD 20716

PHONE: [redacted]

FAX: [redacted]

NOTE: VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the Veteran's application.

If questions or issues arise upon review of this examination, please contact the VA medical center or dod facility that processed the request for examination.
Contractor: Logistics Health Incorporated

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine.

Respondent Burden: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

LHI

HEARING LOSS AND TINNITUS DISABILITY BENEFITS QUESTIONNAIRE

ADDITIONAL REMARKS

HISTORY

a. HOW WOULD YOU BEST DESCRIBE YOUR HEARING? (*Check all that apply*):

- ☐ Hearing is fine with no concerns
- ☒ Difficulty hearing in noisy environments
- ☒ Difficulty hearing in group situations
- ☒ Able to hear but not clearly
- ☐ Difficulty hearing from a distance
- ☐ Unable to hear

b. DO YOU FEEL THAT YOUR HEARING IS BETTER IN ONE EAR VERSUS THE OTHER?

☐ YES ☒ NO If yes, which ear is better? ☐ Right ☐ Left

c. HAVE HEARING AIDS EVER BEEN RECOMMENDED?

☐ YES ☒ NO If yes, have they been worn? ☐ Yes ☐ No

If yes, which ear? ☐ Right ☐ Left ☐ Both

d. HAVE YOU EVER HAD EAR SURGERY?

☐ YES ☒ NO If yes, which ear? ☐ Right ☐ Left ☐ Both

What type of surgery, describe:

e. HAVE YOU BEEN DIAGNOSED WITH AND/OR RECEIVED ANY OF THE FOLLOWING? (*Check all that apply*):

- ☐ Otosclerosis
- ☐ Labyrinthitis
- ☐ Permanent hearing loss
- ☐ Bell's palsy
- ☐ Cholesteatoma
- ☐ Meniere's disease
- ☐ Ossicular dislocation/fixation
- ☐ Sudden hearing loss
- ☐ Barotrauma
- ☐ Acoustic neuroma
- ☐ Meningitis
- ☐ Measles
- ☐ Cancer
- ☐ Radiation/chemotherapy
- ☐ Long term IV antibiotics
- ☐ Head trauma

Please describe the marked diagnoses:

FAMILY HISTORY OF HEARING LOSS

a. PLEASE DESCRIBE RELEVANT FAMILY HISTORY OF HEARING LOSS:

None.

ADDITIONAL REMARKS

POST SERVICE HISTORY OF NOISE EXPOSURE

a. HAVE YOU BEEN EXPOSED TO LOUD NOISES, RECENTLY OR POST SERVICE? *(Check all that apply)*:

- ☐ Fire Arms
- ☐ Aircraft Noise
- ☐ Farm Equipment
- ☐ Heavy Equipment
- ☐ Power Tools
- ☐ Motorcycles/recreational vehicles
- ☐ Other; specify:

Describe any marked above:

Department of Veterans Affairs

AUDIOLOGICAL EVALUATION

REASON FOR REFERRAL: C&P IDES, BDD, Original

REFERRAL SOURCE: RO

AIR CONDUCTION

EXAMINER INITIALS	RIGHT 250	500	1000	1500	2000	3000	4000	6000	8000
		15	10		15	35	30	35	25
MASKING LEVEL									

EXAMINER INITIALS	LEFT 250	500	1000	1500	2000	3000	4000	6000	8000
		20	15		15	15	20	25	25
MASKING LEVEL									

RIGHT PURE TONE AVERAGE			TRANSDUCER TYPE		LEFT PURE TONE AVERAGE		
2 FA	3 FA	4 FA			2 FA	3 FA	4 FA
	13	22	☒ EARPHONE	☐ INSERT		17	16

BONE CONDUCTION

EXAMINER INITIALS	RIGHT 250	500	1000	1500	2000	3000	4000
		20	10		20	40	20
MASKING LEVEL						55	

EXAMINER INITIALS	LEFT 250	500	1000	1500	2000	3000	4000
		20	10		20	20	10
MASKING LEVEL							

ACCOUSTIC IMMITTANCE

RIGHT

PROBE (RIGHT)	PEAK PRESSURE daPa	V_{ea}	PEAK STATIC IMMITTANCE 226 Hz	678 Hz	TYMPANOGRAM TYPE
					CNT

STIMULUS (LEFT)	CONTRALATERAL AR THRESHOLDS 500	100	2000	4000	BBN	REFLEX DECAY 500	1000

STIMULUS (RIGHT)	IPSILATERAL AR THRESHOLDS 500	100	2000	4000	BBN	HALF-LIFE 500	1000

OTHER TESTS (RIGHT)	WEBER	PT STENGER	RINNE	OTHER:

LEFT

PROBE (LEFT)	PEAK PRESSURE daPa	V_{ea}	PEAK STATIC IMMITTANCE 226 Hz	678 Hz	TYMPANOGRAM TYPE
	-1	1.52	.31		A

STIMULUS (RIGHT)	CONTRALATERAL AR THRESHOLDS 500	100	2000	4000	BBN	REFLEX DECAY 500	1000
	85	85	85	85			

STIMULUS (LEFT)	IPSILATERAL AR THRESHOLDS 500	100	2000	4000	BBN	HALF-LIFE 500	1000
	80	80	80	80			

OTHER TESTS (LEFT)	WEBER	PT STENGER	RINNE	OTHER:

SPEECH AUDIOMETRY

	RIGHT SRT 1	2	RIGHT SPEECH RECOGNITION 1	2	3	4	5	6	PBMAX
	20		70						70
LEVEL			70						
LIST			CNC						
MASKING LEVEL	0		40						

INTER-TEST CONSISTENCY (RIGHT) ☒ GOOD ☐ POOR ☐ FAIR

	LEFT SRT 1	2	LEFT SPEECH RECOGNITION 1	2	3	4	5	6	PBMAX
	20		70						70
LEVEL			70						
LIST			CNC						
MASKING LEVEL	0		40						

INTER-TEST CONSISTENCY (LEFT) ☒ GOOD ☐ POOR ☐ FAIR

MATERIAL

☒ MARYLAND CNC ☐ CIDW-22 ☐ NU-6 ☐ OTHER, SPECIFY:

PRESENTATION

☒ RECORDED ☐ MLV

COMMENTS

LAST NAME - FIRST NAME - MIDDLE INITIAL	AGE	CLAIM NO.	SOCIAL SECURITY NO.
[redacted]	[redacted]		[redacted]

NAME OF EXAMINING STATION OR CLINIC	SIGNATURE OF EXAMINING AUDIOLOGIST	DATE OF EXAM
	[redacted]	