

1. Patient personal details

Insurance number:.....

Name:

Date of birth:.....

Gender: female / male

Race: Asian-Indian / White / Black / N/A

Admission date:

Last day of treatment:

Length of hospitalization:.....(automatic)

Date of interview:

Country:

City:

Hospital:

Doctor:

Blood sample code:

Date of blood sampling:

2. Details from the medical history

Alcohol consumption: yes / no

If yes: frequency: N/A / occasionally/monthly/weekly/daily
amount (per occasion):..... for
how many years:

Total alcohol consumption in the last 2 weeks:

If not: Did you drink alcohol earlier? yes/no/ N/A

If yes: frequency: N/A / occasionally/monthly/weekly/daily
amount (g/occasion):..... for how
many years?.....

How long ago did you stop drinking alcohol?.....

Guide for estimation of the amount:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl hard drink (50 vol. %) = ~40 g alcohol

Smoking: yes / no

if yes: amount (cigarettes/day):..... for
how many years?

if not: Did you smoke earlier? yes/no/ N/A if

yes: amount (cigarettes/day):.....
for how many years?.....

How long ago did you stop smoking?

Drug abuse: yes / no *Prescribed medication should not be included here.* if yes: type

of drug:..... amount:.....

for how many years:.....

Diet: yes / no

if yes: diabetic / gluten free / vegetarian / paleolit / lactose free / other:.....

Known diseases:

Cardiovascular diseases:	yes	no	
if yes:			
Hypertension	yes	no	since:
Previous heart attack	yes	no	when:
Arrythmia	yes	no	since:
Heart failure	yes	no	since:
Carditis	yes	no	when:
Previous thrombosis	yes	no	when:
Other, please list/describe them:.....			
Immunological disease	yes	no	
if yes:			
Rheumatoid arthritis:	yes	no	since:
SLE:	yes	no	since:
Sjögren-syndrome:	yes	no	since:
GPA (Wegener):	yes	no	since:
EGPA (Churg-Strauss):	yes	no	since:
Other: please list/describe them:.....			
Neurological disease	yes	no	
if yes:			
Multiple sclerosis:	yes	no	since:
Stroke:	yes	no	when:
TIA:	yes	no	when:
Former facial palsy:	yes	no	when:
Meningitis:	yes	no	when:
Brain abscess:	yes	no	when:

if yes: affected side / contralateral side type:
 Bone anchored hearing device / Middle ear implant / Cochlear
 implantation
 when:.....

other: yes / no
 if yes, specify:
 when:.....

Previous other operations: yes / no if yes: please list/describe
 them:.....

Previous hearing loss: yes / no
 if yes: right / left/ bilateral
 symmetric / asymmetric if
 yes, since:.....

Hearing aid: yes/no
 if yes: affected side / contralateral side
 specify: since:.....

Previous audiological measurement: yes / no
 if yes: please list (time of last audiogram):.....

(0-120 dB, 5 dB steps, cardinal numbers)

affected side air conduction		affected side bone conduction	
Hz	dB	Hz	dB
125			
250		250	
500		500	
1000		1000	
2000		2000	
3000		3000	
4000		4000	
8000			

contralateral side air conduction		contralateral side bone conduction	
Hz	dB	Hz	dB
125			
250		250	
500		500	
1000		1000	
2000		2000	
3000		3000	
4000		4000	
8000			

Medications taken regularly: yes / no

Please specify the name of the active substance (e.g. "acetylsalicylic acid"). Please specify the amount using the International System of Units –SI (e.g. milligram, gram) if yes: details

Name of medication:.....

active substance:..... dose:

.....

dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):

Method of administration: N/A / intravenous / oral / enteral / subcutan

other notes:

Name of medication:.....

active substance:..... dose:

.....

dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):

Method of administration: N/A / intravenous / oral / enteral / subcutan other

notes:

Name of medication:.....

active substance:..... dose:

.....

dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):

Method of administration: N/A / intravenous / oral / enteral / subcutan other
notes:

Name of medication:.....

active substance:..... dose:

.....

dose without unit (number only!) unit: g / mg / ug / IU if fluid,

concentration (e.g. 10%, 1g/2ml, etc.)..... how

many times per day (e.g. 3):

Method of administration: N/A / intravenous / oral / enteral / subcutan other

notes:

Name of medication:.....

active substance:..... dose:

.....

dose without unit (number only!) unit: g / mg / ug / IU if fluid,

concentration (e.g. 10%, 1g/2ml, etc.)..... how

many times per day (e.g. 3):

Method of administration: N/A / intravenous / oral / enteral / subcutan

other notes:

Name of medication:.....

active substance:..... dose:

.....

dose without unit (number only!) unit: g / mg / ug / IU if fluid,

concentration (e.g. 10%, 1g/2ml, etc.)..... how

many times per day (e.g. 3):

Method of administration: N/A / intravenous / oral / enteral / subcutan other

notes:

Any other details in the medical history:

3. Etiology

The answer is "yes" if the etiological factor is proved, the answer is "no" if the etiological factor can be ruled out, the answer is "no data" if the etiological factor was not examined. Please answer "yes" to "Idiopathic" if etiological factor was not identified.

Injury

Ear/head injury	yes	no	N/A
Noise exposure	yes	no	N/A

contralateral side:
pressure sensitive: yes no hyperaemia:
yes no

Whisper-test: affected side:..... m masking: yes no contralateral
side: m masking: yes no

Conversation-test: affected side:..... m masking: yes no contralateral side: m
masking: yes no

Weber-test: right lateralisation left lateralisation no lateralisation

Rinné-test:
affected side: positive negative
contralateral side: positive negative

Spontaneous nystagmus: yes no
if yes: right left horisontal
vertical rotatoric
if yes, degree of nystagmus: I II III

Halmágyi-head impulse test:
negative both sides right side positive left side positive

Dix-Hallpike maneuver:
positive negative
if positive, direction, description:.....

Romberg-test lateralisation: no right left

Finger-nose test: normal abnormal

Dysmetria:
if yes: yes no
right lateralisation left lateralisation

Skew deviation: yes no

Pupil reactions: normal abnormal if abnormal,
description:

Force of handgrip: symmetrical asymmetrical

Sensory disorder on the face: yes no if yes, description:
.....

6. Admission details and state

Blood pressure: / Hgmm

Heart rate: /minute

Body weight: kg

Body height: cm

Body temperature (axillary):°C

Oxygen saturation: %

7. Laboratory parameters on admission

Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
White blood cell (WBC) count (G/l)	
Neutrophil count	
Lymphocyte count	
Neutrophil to lymphocyte ratio	
Red blood cell (RBC) count (T/l)	
Hemoglobin (g/l) Conversion: mmol/l	
Hematocrit (%)	
Platelet (G/l)	
Platelet to lymphocyte ratio	
Glucose (mmol/l) Conversion: mg/dL	
Blood urea nitrogen (mmol/l) Conversion: mg/dL	
Creatinine (umol/l) Conversion: mg/dL	
eGFR	
C-reactive protein (mg/l)	
Erythrocyte sedimentation rate(ESR)/Westergren (mm/h)	
ALAT/GPT (U/l)	
ASAT/GOT (U/l)	
Gamma GT (U/l)	
Lactate dehydrogenase LDH (U/l)	
Cholesterol (mmol/l) Conversion: mg/dL	
Triglyceride (mmol/l) Conversion: mg/dL	
Total bilirubin (umol/l) Conversion: mg/dL	

Direct/Conjugated bilirubin (umol/l) Conversion: mg/dL	
Alkaline phosphatase (U/l)	
HgB A1C	

8. Imaging examinations on admission_

Head CT: yes / no

If yes:

- Air filled tympanic cavity: yes / no
- Normal ossicles: yes / no
- Normal mastoid pneumatization: yes / no
- Normal tegmen tympani and scutum: yes / no
- Normal oval and round windows: yes / no
- Normal course of the internal carotid artery and jugular vein: yes / no
- Normal labyrinth anatomy: yes / no
- if no: ossification of the labyrinth: yes / no
- Sign of inflammation: yes / no Normal
- internal auditory canal: yes / no
- Vestibular aqueduct diameter:
- Other abnormality:.....

Inner ear CT: yes / no

If yes:

- Air filled tympanic cavity: yes / no
- Normal ossicles: yes / no
- Normal mastoid pneumatization: yes / no
- Normal tegmen tympani and scutum: yes / no
- Normal oval and round windows: yes / no
- Normal course of the internal carotid artery and jugular vein: yes / no
- Normal labyrinth anatomy: yes / no
- if no: ossification of the labyrinth: yes / no
- Sign of inflammation: yes / no Normal
- internal auditory canal: yes / no
- Vestibular aqueduct diameter:
- Other abnormality:.....

Head MR: yes / no

- If yes: Soft tissue mass lesions in the cerebellopontine angle (schwannoma, meningioma, metastases, lipoma, cysta): yes / no
- Vascular lesions: yes / no

Vestibular aqueduct diameter:
Normal lateral ventricles size: yes / no
Normal liquor space: yes / no
Normal structure of gray and white matter: yes / no
Other abnormality:.....

Inner ear MR: yes / no

If yes: Soft tissue mass lesions in the cerebellopontine angle (schwannoma, meningioma, metastases, lipoma, cysta): yes / no

Intracochlear schwannoma: yes / no

Normal cochlear nerve in internal auditory canal: yes /no
if no:

Perineural tumour spread along the nerve: yes / no

Inflammatory neuritis (oedema): yes / no

Normal superior vestibular nerve in internal auditory canal: yes / no if
no:

Perineural tumour spread along the nerve: yes / no

Inflammatory neuritis (oedema): yes / no

Normal inferior vestibular nerve in internal auditory canal: yes / no if
no:

Perineural tumour spread along the nerve: yes / no

Inflammatory neuritis (oedema): yes / no

Vascular lesions: yes / no

Normal fluid: yes / no

Vestibular aqueduct diameter:
Other abnormality:.....

Carotid ultrasound imaging: yes / no

If yes: plaque (affected side): yes no stenosis
degree (affected side):..... Other
abnormality:.....

9. Audiology

On the day of admission:

Pure tone threshold audiometry (0-120 dB, 5 dB steps, cardinal numbers):

affected side air conduction	affected side bone conduction
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**Form A
Admission**

Hz	dB	Hz	dB
125			

250		250	
500		500	
1000		1000	
2000		2000	
3000		3000	
4000		4000	
8000			
contralateral side air conduction		contralateral side bone conduction	
Hz	dB	Hz	dB
125			
250		250	
500		500	
1000		1000	
2000		2000	
3000		3000	
4000		4000	
8000			

Speechaudiometry (in percentage, 0-100; 5% steps):

dB	SRT (affected)	SRT (contralateral)	WRS (affected)	WRS (contralateral)
5				
10				
15				
20				
25				
30				

**Form A
Admission**

35				
40				
45				
50				
55				
60				
65				
70				
75				
80				
85				
90				
95				
100				

105				
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SISI test: (in percentage, 0-100; 5% steps)

yes no

Hz	Affected	Contralateral
125		
250		
500		
1000		
1500		
2000		

ABR:

yes no
If yes: normal abnormal
Threshold (0-80 dB, 20 dB steps)
affected side:.....
contralateral side:.....
I-V interpeak latency (0-10 ms, decimal numbers)
: affected side:.....
contralateral side:.....

Otoacoustic emission:

Transient otoacoustic emission (TOAE): (in dB, decimal numbers) yes no

If yes:

Hz	SNR	
	Affected	Contralateral
1000		
1400		
2000		
2800		
4000		

Distortion product otoacoustic emission (DPOAE): (in dB, decimal numbers) yes
no

If yes:

Hz	SNR	
	Affected	Contralateral
1000		
1400		
2000		
2800		
4000		

Stapedius reflex threshold (in dB, 0-110 dB, 5 dB steps):

yes no

If yes: reflex evoked: yes no

500 Hz: affected side: reflex evoked: yes no
ipsilateral:.....
contralateral:.....

contralateral side: reflex evoked: yes no ipsilateral:.....
contralateral:.....

1000 Hz: affected side: reflex evoked: yes no
ipsilateral:.....
contralateral:.....

contralateral side: reflex evoked: yes no ipsilateral:.....
contralateral:.....

2000 Hz: affected side: reflex evoked: yes no
ipsilateral:.....
contralateral:.....

If yes: peak affected side:.....
contralateral side:.....
yes no
If yes: nystagmus: yes no if
yes: right left
caloric stimulation:

warm irrigation: nystagmus (fast beat): affected side /
contralateral side
absent or weakness reactive eye movement:
affected side / contralateral side
cool irrigation: nystagmus (fast beat): affected side /
contralateral side
absent or weakness reactive eye movement:
affected side / contralateral side

vHIT: yes no
If yes: normal abnormal
If abnormal: weakness or lack of function of:
contralateral side: reflex evoked: yes no ipsilateral:.....
contralateral:.....
4000 Hz: affected side: reflex evoked: yes no
ipsilateral:.....
contralateral:.....
contralateral side: reflex evoked: yes no ipsilateral:.....
contralateral:.....

MFT (in Hz, cardinal number): yes no
affected side: lateral/horizontal semicircular canal
 superior/anterior semicircular canal
posterior semicircular canal contralateral
side: lateral/horizontal semicircular canal
superior/anterior semicircular canal
posterior semicircular canal

VEMP (in ms, 0-100 ms, decimal numbers) : yes no
If yes: normal abnormal
p13 latency: affected side:.....
contralateral side:.....
n23 latency: affected side:.....
contralateral side:.....
threshold: affected side:.....
contralateral side:.....

10. Immediate therapy on the day of admission

Name of medication:.....
active substance:..... dose:
.....
dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):
Method of administration: N/A / intravenous / oral / intratympanic / subcutan other
notes:

Name of medication:.....
active substance:..... dose:
.....
dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):
Method of administration: N/A / intravenous / oral / intratympanic / subcutan other
notes:

Name of medication:.....
active substance:..... dose:
.....
dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):
Method of administration: N/A / intravenous / oral / intratympanic / subcutan other
notes:

Name of medication:.....
active substance:..... dose:
.....
dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):
Method of administration: N/A / intravenous / oral / intratympanic / subcutan other
notes:

Name of medication:.....
active substance:..... dose:
.....
dose without unit (number only!) unit: g / mg / ug / IU if fluid,
concentration (e.g. 10%, 1g/2ml, etc.)..... how
many times per day (e.g. 3):
Method of administration: N/A / intravenous / oral / intratympanic / subcutan
other notes:

Intravenous fluid yes / no

type of fluid

a
m
ou
nt

ml

ml

ml

11. Complications

Hypertension: yes no

Hyperglycaemia: yes no

Headache: yes no

Dizziness: yes no

Other yes no

if yes, describe:

12. Epicrisis

A short summary of the hospitalization (how the patient got to medical care, diagnosis, most important facts and events of the hospitalization, what happened with the patient after the hospitalization, any recommended control examinations, surgery).

Description

.....
.....

What happened with the patient?

- Hospitalisation for treatment (Otorhinolaryngology ward)
- Outpatient care for treatment
- Hospitalisation (other hospital ward)
If yes, cause:.....
- Therapy rejected by the patient If
yes, cause:.....
- Emitted
If yes, cause:.....
- Death
If yes, cause:.....