

1. Patient personal details

Insurance number:..... Name:
.....
Date of birth:.....
Gender: female / male
Race: Asian-Indian / White / Black / N/A

Date of interview:

Country:
City:
Hospital:
Doctor:
Blood sample code:
Date of blood sampling:

2. Changes in the medical history (from the last visit)

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
if yes: previously recorded? yes / no		
if no: since :.....		
Previous heart attack	yes	no
if yes: previously recorded? yes / no		
if no: when:.....		
Arrythmia	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		
Heart failure	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		
Carditis	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		
Previous thrombosis	yes	no
if yes: previously recorded? yes / no		
if no: when :.....		
Other, please list/describe them:.....		
Immunological disease	yes	no
if yes:		
Rheumatoid arthritis:	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		
SLE:	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		
Sjögren-syndrome:	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		
GPA (Wegener):	yes	no
if yes: previously recorded? yes / no		
if no: since :.....		

EGPA (Churg-Strauss): yes no
if yes: previously recorded? yes / no
if no: since :.....

Other: please list/describe them:.....

Neurological disease yes no

if yes:

Multiple sclerosis: yes no
if yes: previously recorded? yes / no
if no: since :.....

Stroke: yes no
if yes: previously recorded? yes / no
if no: when:.....

TIA: yes no
if yes: previously recorded? yes / no
if no: when :.....

Former facial palsy: yes no
if yes: previously recorded? yes / no
if no: when :.....

Meningitis: yes no
if yes: previously recorded? yes / no
if no: when :.....

Brain abscess: yes no
if yes: previously recorded? yes / no
if no: when:.....

Head trauma: yes no
if yes: previously recorded? yes / no
if no: when:.....

Other: please list/describe them:.....

Endocrinological diseases:

Diabetes mellitus: yes no if
yes: previously recorded?
if no: type: N/A / Type I. / Type II./Type III. c / MODY
since when (year):.....

Hypothyreosis yes no
if yes: previously recorded? yes / no
if no: since :.....

Hyperthyreosis yes no
if yes: previously recorded? yes / no
if no: since :.....

Form C
Follow-up

Adrenal disease yes no
 if yes: previously recorded? yes / no
 if no: since :.....
Hypertrigliceridaemia yes no
 if yes: previously recorded? yes / no
 if no: since :.....

Malignant disease yes no
 if yes: previously recorded? yes / no
 if no: please list/describe them:.....
 when:.....

Genetic disorder yes no
 if yes: previously recorded? yes / no
 if no: please list/describe them:.....

Other yes no
 if yes: please list/describe them:.....

New ear operations: yes / no *(all of them can be added multiple times)* if yes, which type:

tympanoplasty: yes / no
 if yes: affected side / contralateral side
 type: I, II, III, IV
 when:.....

stapedotomy: yes / no
 if yes: affected side / contralateral side
 when:.....

stapedectomy: yes / no
 if yes: affected side / contralateral side
 when:.....

mastoidectomy: yes / no
 if yes: affected side / contralateral side
 when:.....

Hearing device implantation: yes / no
 if yes: affected side / contralateral side type: Bone anchored hearing device / Middle ear implant / Cochlear implantation
 when:.....

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

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

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
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 Method of administration: N/A / intravenous / oral / enteral / subcutan other
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 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 new details in the medical history:

.....
.....

3. Complains, symptoms

Affected side: left / right / both

Subjective hearing:

scale (0-10: 0: worst; 10: best):.....

Tinnitus: yes no

If yes: characteristic of tinnitus:

unilateral bilateral constant

periodic

 high-frequency low frequency
pulsatile constant scale (0-10: 0:
worst; 10: best):.....

Vertigo or dizziness: yes no

Nausea: yes no

Vomiting: yes no

Ear pain: yes no
 affected side/contralateral side/both If yes: since
 when:..... intensity (1-
 10):.....

Headache: yes no

Subfebrility/fever: yes no if yes: Since
 when:.....
 Temperature (axillary): °C

Limb weakness or numbness: yes no

Unconsciousness: yes no

Facial palsy yes no

Facial numbness/pain: yes no

Dysphagia: yes no

Dysphonia: yes no

Double vision: yes no

4. Physical status

Vesicles in the cavum conchae:

 affected side: yes no

 contralateral: yes no

External auditory canals:

 affected side: intact affected

 If affected: Description:

 contralateral side: intact affected

If affected: Description:

Eardrum:

affected side: transparent inflamed
 normal position / retracted / bulged
 other:.....

contralateral side: transparent inflamed
 normal position / retracted / bulged
 other:.....

Valsalva-maneuver:

affected side: positive negative

contralateral side: positive negative

Facial nerve motor innervation:

affected side: intact damaged
 If affected: House-Brackmann scale: II III IV V VI

contralateral side: intact damaged
 If affected: House-Brackmann scale: II III IV V VI

Mastoid process:

affected side:

pressure sensitive: yes no

hyperaemia: yes no

contralateral side:

pressure sensitive: yes no

hyperaemia: yes no

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: yes no
 If yes: 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:

5. State

Blood pressure: / Hgmm **Heart rate:**..... /minute
Body weight:..... kg **Body height:** cm
Body temperature (axillary): °C
Oxygen saturation: %

6. Laboratory parameters

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	

7. Imaging examinations since the last visit

Head CT: yes / no

- If yes: When: 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
 any malformation: yes/no
 Sign of inflammation: yes / no Normal
 internal auditory canal: yes / no
 Vestibular aqueduct diameter:
 Other abnormality:.....

HRCT of the temporal bone: yes / no If yes:
When: 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
any malformation: yes/no
Sign of inflammation: yes / no Normal
internal auditory canal: yes / no
Vestibular aqueduct diameter:
Other abnormality:.....

Head MR: yes / no
If yes: When:
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: When:
.....
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 content: yes / no
 Vestibular aqueduct diameter:
 Other abnormality:.....

Carotid ultrasound imaging: yes / no
 If yes: When:
 plaque (affected side): yes no
 stenosis degree (affected side):.....
 Other abnormality:.....

8. Audiology

Hearing aid since the last visit: yes/no if yes:
 affected side / contralateral side specify:

 since:.....

Pure tone threshold audiometry (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			

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

dB	SRT (affected)	SRT (contralateral)	WRS (affected)	WRS (contralateral)
5				
10				
15				
20				
25				
30				
35				
40				
45				
50				
55				
60				
65				
70				
75				
80				
85				
90				

95				
100				
105				

SISI test: (in percentage, 0-100; 5% steps) yes no

Hz	Affected	Contralateral
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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:.....

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

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:

affected side: lateral/horizontal semicircular canal

superior/anterior semicircular canal
canal

posterior semicircular

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:.....

9. 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

.....
.....