

**HEARING LOSS AND TINNITUS  
DISABILITY BENEFITS QUESTIONNAIRE**

**IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.**

NAME OF PATIENT/VETERAN	PATIENT/VETERAN'S SOCIAL SECURITY NUMBER
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Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes.

IS THIS DBQ BEING COMPLETED IN CONJUNCTION WITH A VA21-2507, C&P EXAMINATION REQUEST?

- YES     NO

If no, how was the examination completed (check all that apply)?

- In-person examination  
 Records reviewed  
 Other, please specify:

Comments:

**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 REVIEW**

EVIDENCE REVIEWED (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Not requested                                    | <input type="checkbox"/> No records were reviewed |
| <input type="checkbox"/> VA claims file (hard copy paper C-file)          |   |
| <input type="checkbox"/> VA e-folder (VBMS or Virtual VA)                 |   |
| <input type="checkbox"/> CPRS   |   |
| <input type="checkbox"/> Other (please identify other evidence reviewed): |   |

EVIDENCE COMMENTS:

**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)**

**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)**

\*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		%
LEFT EAR		%

**E. APPROPRIATENESS OF USE OF WORD RECOGNITION SCORE (MARYLAND CNC WORD LIST):**

RIGHT EAR:

IS WORD DISCRIMINATION SCORE AVAILABLE?

YES  NO

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

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 (Tymanometry) Findings:

	RIGHT EAR		LEFT EAR	
ACOUSTIC IMMITTANCE	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
IPSILATERAL ACOUSTIC REFLEXES	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
CONTRALATERAL ACOUSTIC REFLEXES	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
UNABLE TO INTERPRET REFLEXES DUE TO ARTIFACT		<input type="checkbox"/>		<input type="checkbox"/>
UNABLE TO OBTAIN / MAINTAIN SEAL		<input type="checkbox"/>		<input type="checkbox"/>

**2. DIAGNOSIS**

RIGHT EAR

- Normal hearing
  - Conductive hearing loss
  - Mixed hearing loss
  - Sensorineural hearing loss (in frequency range of 500-4000 Hz)\*
  - Sensorineural hearing loss (in frequency range of 6000 Hz or higher frequencies)\*\*
  - Significant changes in hearing thresholds in service\*\*\*
- ICD CODE:  
ICD CODE:  
ICD CODE:  
ICD CODE:

LEFT EAR

- Normal hearing
  - Conductive hearing loss
  - Mixed hearing loss
  - Sensorineural hearing loss (in frequency range of 500-4000 Hz)\*
  - Sensorineural hearing loss (in frequency range of 6000 Hz or higher frequencies)\*\*
  - Significant changes in hearing thresholds in service\*\*\*
- ICD CODE:  
ICD CODE:  
ICD CODE:  
ICD CODE:

**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 A 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

3. ETIOLOGY (continued)

RIGHT EAR (continued)

IF PRESENT, IS THE VETERAN'S RIGHT EAR HEARING LOSS AT LEAST AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF AN EVENT IN MILITARY SERVICE?

YES

NO

CANNOT DETERMINE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S RIGHT EAR HEARING LOSS WITHOUT RESORTING TO SPECULATION:

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

DID HEARING LOSS EXIST PRIOR TO 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:

LEFT EAR

WAS THERE A 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 LEFT EAR HEARING LOSS AT LEAST AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF AN EVENT IN MILITARY SERVICE?

YES

NO

CANNOT DETERMINE A MEDICAL OPINION REGARDING THE ETIOLOGY OF THE VETERAN'S LEFT EAR HEARING LOSS WITHOUT RESORTING TO SPECULATION:

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

DID HEARING LOSS EXIST PRIOR TO 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:

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

**SECTION 2: TINNITUS**

**1. MEDICAL HISTORY**

DOES THE VETERAN REPORT RECURRENT TINNITUS?

YES  NO

DATE AND CIRCUMSTANCES OF ONSET OF TINNITUS:

**2. ETIOLOGY OF TINNITUS**

SELECT ANSWER BELOW AND PROVIDE RATIONALE WHERE REQUESTED:

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 VETERAN'S HEARING LOSS  
RATIONALE:

AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) CAUSED BY OR A RESULT OF MILITARY NOISE EXPOSURE  
RATIONALE:

AT LEAST AS LIKELY AS NOT (50% PROBABILITY OR GREATER) DUE TO A KNOWN ETIOLOGY (*such as traumatic brain injury*)  
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:

### 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 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

### 4. REMARKS, IF ANY, PERTAINING TO TINNITUS

### SECTION 3: PHYSICIAN'S CERTIFICATION AND SIGNATURE

**CERTIFICATION** - To the best of my knowledge, the information contained herein is accurate, complete and current.

3A. AUDIOLOGIST/PHYSICIAN SIGNATURE & TITLE

3B. AUDIOLOGIST/PHYSICIAN PRINTED NAME

3C. DATE SIGNED

3D. AUDIOLOGIST/PHYSICIAN PHONE AND FAX NUMBER

3E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

3F. AUDIOLOGIST/PHYSICIAN ADDRESS

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

**IMPORTANT** - Audiologist/Physician please fax the completed form to \_\_\_\_\_

(VA Regional Office FAX No.)

**NOTE** - A list of VA Regional Office FAX Numbers can be found at [www.benefits.va.gov/disabilityexams](http://www.benefits.va.gov/disabilityexams) or obtained by calling 1-800-827-1000.

**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, 58/VA21/22/28, 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**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 30 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](http://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.

For Internal VA Use

Hearing Loss and Tinnitus Disability Benefits Questionnaire

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