



KAISER PERMANENTE[®]
Radiation Oncology

Acoustic Neuroma Questionnaire

Date:

Name:

Kaiser #:

1. Mark an X next to the statement that best describes your hearing in the affected ear.

Gardner-Robertson scale

- _____ Good, Excellent
_____ Serviceable (can carry on a phone conversation)
_____ Non-Serviceable (can not carry on a phone conversation)
_____ Poor (can hear but can not distinguish words)
_____ None

2. Mark an X next to the statement that best describes your tinnitus (ear ringing) on the affected side.

- _____ No tinnitus
_____ Mild tinnitus
_____ Tinnitus, somewhat bothersome
_____ Tinnitus, very bothersome

3. Mark an X next to the statement that best describes your vertigo (a sense of turning or whirling).

- _____ No vertigo
_____ Mild vertigo
_____ Vertigo, somewhat bothersome
_____ Vertigo, very bothersome

4. Mark an X next to the statement that best describes your imbalance problems.

- _____ No imbalance problems
_____ Mild imbalance problems
_____ Imbalance problems, somewhat bothersome
_____ Imbalance problems, very bothersome

5. Mark an X next to the statement that best describes your facial numbness on the affected side.

- _____ No facial numbness
_____ Mild facial numbness
_____ Facial numbness, somewhat bothersome
_____ Facial numbness, very bothersome

6. Mark an X next to the statement that best describes your facial weakness on the affected side.

House-Brackmann Scale

- _____ Normal
_____ Slight weakness, noticeable on close inspection
_____ Obvious weakness, but not disfiguring
_____ Obvious disfiguring weakness
_____ Motion barely perceptible
_____ No movement, loss of tone

7. Mark an X next to the statement that best describes your facial pain on the affected side.

BNI Scale

- _____ No facial pain
_____ Occasional pain, not requiring medication
_____ Some pain, adequately controlled with medication
_____ Some pain, not adequately controlled with medication
_____ Severe pain/no pain relief

8. Mark an X next to the statement that best describes your headaches.

- _____ No headaches
_____ Mild headaches
_____ Headaches, somewhat bothersome
_____ Headaches, very bothersome

9. Mark an X next to the type of treatment(s) you have had for acoustic neuroma.

- _____ Surgery
_____ Radiation