

## The Chronic Ear Survey

Nadol, J.B., Jr., Staecker, H. and Gliklich, R.E. (2000), Outcomes Assessment for Chronic Otitis Media: The Chronic Ear Survey. *The Laryngoscope*, 110: 32-35. <https://doi.org/10.1097/00005537-200003002-00009>

Copyright © 1997 Massachusetts Eye and Ear Infirmary and Outcome Science, Llc. Reprinted with permission from J. B. Nadol. All rights reserved.

---

### Activity Restriction Based-Subscale

---

- a1. Because of your ear problem, you don't swim or shower without protecting your ear.  
Definitely true    True    False    Definitely false
- a2. At the present time, how severe a limitation is the necessity to keep water out of your ears?  
Very severe    Severe    Moderate    Mild    Very mild    None
- a3. In the past four weeks, has your ear problem interfered with your social activities with friends, family or groups?  
All of the time    Most of the time    A good bit of the time  
Some of the time    A little of the time    None of the time
- 

### Symptom Subscale

---

- s1. Your hearing loss is:  
Very severe    Severe    Moderate    Mild    Very mild    None
- s2. Drainage from you ear is:  
Very severe    Severe    Moderate    Mild    Very mild    None
- s3. Pain from your ear is:  
Very severe    Severe    Moderate    Mild    Very mild    None
- s4. Odor from your ear is very bothersome to you and/or others:  
Definately true    True    Don't know    False    Definately false
- s5. The hearing loss in your affected ear bothers you:  
All of the time    Most of the time    A good bit of the time    Some of the time  
A little of the time    None of the time
- s6. In the past 6 months, please estimate the frequency that your affected ear has drained:  
Constantly    5 or more times, but not constantly    3-4 times    1-2 times    Not at all
- s7. The odor from your affected ear bothers you and/or others:  
All of the time    Most of the time    A good bit of the time    Some of the time  
A little of the time    None of the time
- 

### Medical Resource Subscale

---

- m1. In the past 6 months, how many separate times have you visited your doctor, specifically about your ear problem?  
More than 6 times    5-6 times    3-4 times    1-2 times    None
- m2. In the past 6 months, how many separate times have you used oral antibiotics to treat your ear infection?  
More than 6 times    5-6 times    3-4 times    1-2 times    None
- m3. In the past 6 months, how many separate times have ear drops been necessary to treat your ear condition?  
More than 6 times    5-6 times    3-4 times    1-2 times    None
- 
-