



HEARING AND NOISE EXPOSURE

ID NUMBER:

FORM CODE: H E X

DATE: 10/04/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response.

Hearing History

1. Which statement best describes your hearing? Would you say your hearing is:

- 0=Deaf
- 1= A lot of trouble
- 2= Moderate trouble
- 3= A little trouble
- 4= Good
- 5= Excellent

2. Have you previously worn hearing aids?

- Y=Yes
- N= No → **Go to Item 3**

2a. Which ear did you wear hearing aids?

- L=Left
- R= Right
- B= Both

2b. At what age did you start wearing hearing aids? years

2c. At what age did you stop using the hearing aids? years

3. Are you currently using other hearing assistive devices that are NOT a hearing aid?

Examples include TV Ears or TV streamers, amplified telephones, etc.

- Y=Yes
- N= No → **Go to Item 4**

3a. What hearing assistive devices have you used over the past 2 weeks?

3b. Think about how much you used these hearing assistive devices over the past two weeks. On an average day, how many hours did you use these devices?

- 0= None
- 1= Less than 1 h/day
- 2= 1-4 h/day
- 3= 4-8 h/day
- 4= More than 8 h/day

4. Do you have Tinnitus? Do you experience ringing, buzzing, or noise in your ears?

- Y= Yes
- N= No → **Go to Item 5**

4a. In which ear do you have tinnitus?

- L= Left
- R= Right
- B= Both

5. Have you ever used firearms for target shooting, hunting, or any other purposes?

- Y= Yes
- N= No → **Go to 6**

Indicate Y/N for purpose of using firearms:

5a. Target shooting

- Y= Yes
- N= No

5b. Hunting

- Y= Yes
- N= No

5c. Military

- Y= Yes
- N= No

5d. Job/Other

- Y= Yes
- N= No

5e. How many TOTAL rounds have you fired (include target shooting, hunting, military, and/or job/other experience)?

- 1= 1 to less than 100 rounds
- 2=100 to less than 1000 rounds
- 3=1000 to less than 10,000 rounds
- 4=10,000 to less than 50,000 rounds
- 5=50,000 or more rounds

6. Have you ever had a job where you were exposed to loud noise for 10 or more hours a week? By loud noise, I mean noise so loud that you had to speak in a raised voice to be heard?

- Y= Yes
- N=No → **Go to 7**

6a. For how many months or years have you been or were you exposed at work to loud sounds or noise for 10 or more hours per week?

- 1= Less than 3 months
- 2= 3 to 11 months
- 3= 1 to 2 years
- 4= 3 to 4 years
- 5= 5 to 9 years
- 6= 10 to 14 years
- 7= 15 or more years

7. Outside of a job, have you ever been exposed to steady loud noise or music for 10 or more hours a week? This is noise so loud that you had to raise your voice to be heard. Examples are noise from power tools, farm machinery, cars, trucks, or loud music.

- Y= Yes
- N=No

8. Have you ever had ear surgery, except for pressure equalizing or ventilation tubes?

- Y= Yes
- N=No → **Go to 9**

8a. If yes, specify _____

9. Have you ever been diagnosed with Meniere's disease or sudden sensorineural hearing loss?

Y= Yes

N= No → **Save and close form**

9a. In which ear do you have sudden sensorineural hearing loss?

L= Left

R= Right

B= Both