SELF REPORTED HEARING AND NOISE EXPOSURE SHORT FORM

ADMINISTRATIVE INFORMATION

0a. Completion Date: [ ]/ [ ]/ [ ]
0b. Staff ID: [ ]

Instructions: To be administered by interviewer.

1. Which statement best describes your overall hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or are you deaf?

   Excellent ........................................ 1
   Good.............................................. 2
   A little trouble ................................. 3
   Moderate hearing trouble .................... 4
   A lot of trouble ................................. 5
   Deaf .............................................. 6

2. Do you currently use a hearing aid or other device in your right ear?

   Yes ............................................. Y
   No .............................................. N→ Go to Item 5
   Other device ................................. O

   2a. Specify Other Device (cochlear implant, BAHA, etc): _____________________

3. How many years have you been using a hearing aid or other device in your right ear?

   YEARS [ ]

4. Averaged over the past month, about how many hours per day have you worn your hearing aid or other device in the right ear?

   HOURS [ ]

5. Do you currently use a hearing aid or other device in your left ear?

   Yes ............................................. Y
   No .............................................. N→ Stop Form
   Other device ................................. O

   5a. Specify Other Device (cochlear implant, BAHA, etc): _____________________
6. How many years have you been using a hearing aid or other device in your left ear?

YEARS ☐ ☐

7. Averaged over the past month, about how many hours per day have you worn your hearing aid or other device in the left ear?

HOURS ☐ ☐