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 □□□