



SELF REPORTING HEARING AND NOISE EXPOSURE FORM

ID NUMBER:

FORM CODE:

H	N	E
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DATE: 06/15/2016
Version: 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: *To be administered by interviewer.*

1. Which statement best describes your hearing in your **right** ear without 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 trouble 4
- A lot of trouble 5
- Deaf 6

2. Which statement best describes your hearing in your **left** ear without 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 trouble 4
- A lot of trouble 5
- Deaf 6

3. In the past 12 months, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?

- Yes Y
- No N → **Go to Item 5**

4. How much of a problem is this ringing, roaring, or buzzing in your ears or head?

- No problem 1
- A small problem 2
- A moderate problem 3
- A big problem 4
- A very big problem 5

5. Have you ever had surgery on your ear, aside from ear-tube placement?

Yes..... Y
No N→ **Go to Item 7**

6. On which ear did you have surgery?

Right..... R
Left..... L
Both..... B

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

Yes..... Y
No N→ **Go to Item 9**

Indicate Y/N for purpose of using firearms:

7a. Target shooting..... Yes Y No N
7b. Hunting Yes Y No N
7c. Military Yes Y No N
7d. Job/Other Yes Y No N

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

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

9. Have you ever had a job or combination of jobs where you were exposed to very loud sounds or noise for 10 or more hours per week? By loud noise I mean noise so loud that you had to shout to be heard.

Yes..... Y
No N→ **Go to Item 11**

10. 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?

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

11. Outside of a job, have you ever been exposed to very loud noise or music for 10 or more hours a week? This is noise so loud that you have to shout to be understood 3 feet away. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, or loud music.

Yes..... Y
No N

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

Yes..... Y
No N → **Go to Item 15**
Other device..... O

12a. Specify Other Device (cochlear implant, BAHA, etc): _____

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

YEARS

14. 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

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

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

15a. Specify Other Device (cochlear implant, BAHA, etc): _____

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

YEARS

17. 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



Instructions for the Self-Reported Hearing and Noise Exposure Form (HNE) Form

I. General Instructions

Prior to administering the Self-Reported Hearing and Noise Exposure (HNE) Form, all examiners are to be certified by attending central training. Certification in HNE form administration is maintained by completing at least four sessions per month and completing quarterly review sessions with training team.

The questionnaire should be administered in a quiet room with minimal ambient noise. Participants should be encouraged to use any listening devices they may own or rely on.

In order to obtain consistent results and minimize any effect of the staff member administering the questionnaire, examiners should:

- Speak clearly and at a normal, businesslike pace so that participants can fully understand questions without extending the time needed to administer the questionnaire by constantly repeating the questions.
- Have participants read questions when they have trouble following oral exam administration.
- Consider modifying the pace if the participant shows frustration and/or a lack of understanding (i.e. slow down pace and increase volume of voice if necessary) or if the participant shows annoyance and consistently jumps ahead (i.e. increase pace of questions to match their pace).
- Have a relaxed and friendly manner.
- Maintain a neutral, but conversational, tone when asking questions. Please attempt to sound natural and enthusiastic about the questions regardless of how many times one has already asked the questions (i.e. it is difficult to consistently administer the same questionnaire but please avoid sounding robotic in questioning).
- Maintain a neutral response to participants' answers – do not indicate any reaction (e.g. surprise, disapproval).

A short break is discouraged but may be necessary if the participant becomes fatigued.

Some answers will trigger skipping ahead in questioning. For example, question 2c "*In the past 2 months, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?*" has two possible answers 'No' or 'Yes'. If 'No' is selected then question 2d is skipped while if 'Yes' is selected then 2d is administered as it directly related to question 2c. Please keep this potential pattern in mind as the form is completed. **Please be familiar with all questions prior to administering the questionnaire.**

The majority of the questions in this form are multiple choice and should be selected using a check mark in the appropriate box. Some questions are asking for a specific amount of time that is open ended and that time period should be filled in the appropriate box. For example, a positive response to question 2m would trigger a need to fill in the number of years the participant has worn the device.

In general, since participant motivation and level of understanding can have a significant impact on performance and length of time required for administration, the questionnaire should be administered according to the protocol and in the following sequence:

- Explain the procedure to the study participant making sure to convey key points from the suggested script.
- Ask the participant if they have any questions.
- Read the participant the question and multiple choice answers (when appropriate) as they are written on the questionnaire (i.e. verbatim)
- Ask the participant to select the most appropriate answer.
- If the participant displays difficulty answering the question, first repeat question, answer, and/or instructions.

- Minimize missing data as much as possible by encouraging the participant to respond with their best guess or most appropriate answer if they respond “I don’t know”

Use the script provided to assure that all key points are covered. Do not provide additional description or encouragement beyond the key points provided by the QxQ.

Suggested script for instructions:

I am going to ask you a series of questions with mostly multiple-choice answers about your hearing. I will read you the question and the list of answers. Please wait until all answers have been read aloud before answering. Please select the most appropriate answer for you. Please let me know if you do not understand the question or could not hear me and I will re-read it and let you read it. As always, all of your answers are kept confidential. Do you have any questions before we begin?

II. Detailed Instructions for Each Item

1-2. These questions ask the participant to describe or rate their hearing without the use of a hearing aid.

Please encourage the participant to select the most appropriate answer.

3-4. Questions 3 and 4 ask about ringing, roaring or buzzing. If the response to Q3 is N, Q4 is skipped.

Please note that ringing, roaring, and buzzing are general terms used to describe the sensation of sound in the ear in the absence of actual sound (tinnitus). Participants may use all types of qualifiers to describe these sounds such as crackling, hissing, beeping, etc. Any noise they describe is acceptable here.

5-6. Questions 5 and 6 ask about ear surgeries. If the response to Q5 is N, Q6 is skipped.

Please note that many participants will not be able to remember if their surgery was ear tube placement. It is acceptable to error on the side of caution and check ‘YES’ if the participant cannot remember. Please encourage the participant to choose an ear if they cannot remember which ear it the surgery was in.

7-8. Questions 7 through 8 collect information about the use of firearms. If Q7 is N, Q7a-7d and Q8 are skipped. Q7a-Q7d ask about the purpose of using firearms and Q8 asks about the total number of rounds ever fired over the participant’s lifetime

Please encourage the participant to give their best guess to the number of rounds they have fired in their lifetime.

9-10. Questions 9 and 10 collect information about job-related exposure to very loud noises. Very loud means the noise is loud enough that one had to shout to be heard. If Q9 is N, Q10 is skipped.

An example of a very loud situation would be working next to a sawmill where one had to shout to be heard by their co-workers. Many industrial factory work settings fit these criteria.

11. Question 11 collects information about very loud noise exposure outside of one’s job, for 10 hours or more per week. Very loud means the noise is loud enough that you have to shout to be understood 3 feet away.

An example would be rock concerts or even a loud bar. Encourage participants to consider all of their regular activities

12-17. Questions 12-14 and Questions 15-17 collect information about the use of hearing devices used by the participant. Q12-14 asks about the right ear and Q15-17 asks about the left ear. Q13-14 and Q16-17 ask about duration of time the participant has had a hearing aid and how many hours per day do they wear the device.

Other devices include those purchased in a retail store or online that were not dispensed and fit by an audiologist or hearing aid dispenser; sometimes there are referred to as amplifiers. If a participant has any doubt to whether or not they have hearing aids, please ask them to consider how the device was purchased. Anything not purchased through a licensed hearing aid provider is not a hearing aid.

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Excellent

Good

A little trouble

Moderate trouble

A lot of trouble

Deaf

Q. 1-2

No problem

A small problem

A moderate problem

A big problem

A very big problem

Q. 4

1 to less than 100 rounds

100 to less than 1,000 rounds

1,000 to less than 10,000 rounds

10,000 to less than 50,000 rounds

500,000 or more rounds

Q. 8

Less than 3 months

3 to 11 months

1 to 2 years

3 to 4 years

5 to 9 years

10 to 14 years

15 or more years

Q. 10