HCHS/SOL Hearing Exam Questionnaire

ID NUMBER:  

FORM CODE: HEE

VERSION: A 8/23/07

Contact

Occasion

SEQ#

Acrostic:

ADMINISTRATIVE INFORMATION

0a. Completion Date:    Month    Day    Year

0b. Staff ID:   

Instructions: Enter the answer given by the participant for each response. The special value, "Q", is allowed for cases where the response 'Don’t know/refused' is not listed as an option. These questions must be asked before the hearing examination begins.

A. Self Assessed Hearing Loss

1. Do you feel you have a hearing loss?  
   No  0   → GO TO QUESTION 5
   Yes  1
   Don’t know/refused  9   → GO TO QUESTION 5

2. Which is your better ear?  
   Left  1
   Right  2
   No difference  3
   Don’t know/refused  9

3. Was your hearing loss sudden or gradual?  
   Sudden  1
   Gradual  2
   Don’t know/refused  9

4. How old were you when your hearing loss developed?  
   Less than 5 years old  1
   5 to 19 years  2
   20 to 29 years  3
   30 to 39 years  4
   40 to 49 years  5
   50 to 59 years  6
   60 to 69 years  7
   70 years or more  8
   Don’t know/refused  9

B. Tinnitus

5. In the past year have you had buzzing, ringing, or noise in your ears?  
   No  0   → GO TO QUESTION 10
   Yes  1
   Don’t know/refused  9   → GO TO QUESTION 10

6. Does this noise usually last longer than 5 minutes?  
   No  0
   Yes  1
   Don’t know/refused  9
7. Do you hear this noise only following very loud sounds (i.e. concerts, shooting, or noise at work)?
   - No 0
   - Yes 1
   - Don’t know/refused 9

8. Does this noise cause you to have problems getting to sleep?
   - No 0
   - Yes 1
   - Don’t know/refused 9

9. In the past 12 months, how often have you had this ringing, roaring, or buzzing in your ears or head?
   - Almost always 1
   - At least once a day 2
   - At least once a week 3
   - At least once a month 4
   - Less than once a month 5
   - Don’t know/refused 9

C. Hearing Medical History
10. When was the last time you saw a doctor or other health care professional about any hearing or ear problems?

   - Never 0
   - Past year 1
   - 1 to 2 years 2
   - 3 to 4 years 3
   - 5 to 9 years 4
   - 10 to 14 years 5
   - 15 years or more 6
   - Don’t know/refused 9

11. When was the last time you had your hearing tested?

   - Never 0
   - Past year 1
   - 1 to 2 years 2
   - 3 to 4 years 3
   - 5 to 9 years 4
   - 10 to 14 years 5
   - 15 years or more 6
   - Don’t know/refused 9

12. Have you ever had surgery on your ears?
   - No 0
   - Yes 1
   - Don’t know/refused 9

13. What type of surgery was done?
   - Tympanoplasty 1
   - Mastoidectomy 2
   - Stapedectomy 3
   - Cochlear implant 4
   - Other 5
14. Have you ever had tubes in your ears?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9  
   → **GO TO QUESTION 16**

15. Do you have tubes in now?  
   - No 0  
   - Yes, on right 1  
   - Yes, on left 2  
   - Yes, one (side unknown) 3  
   - Yes, both sides 4  
   - Don’t know/refused 9

16. Have you ever had an acoustic neuroma?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9

17. Have you ever had a cholesteatoma?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9

18. Has a doctor ever told you that you have Meniere’s Disease?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9

19. Has a doctor ever told you that you have otosclerosis?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9

20. Have you had a cold, sinus problem, or earache in the last 24 hrs?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9

21. Have you been exposed to loud music or listened to music with headphones in the past 24 hours?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9

22. Have you been exposed to any other loud noise in the past 24 hours?  
   - No 0  
   - Yes 1  
   - Don’t know/refused 9