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OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Hearing History Questionnaire

ID NUMBER:

FORM CODE: HHE
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. Although it is better if administration occurs *before* hearing testing, these questions may be asked at an interview separate from the examination.

1. Which statement best describes your hearing (without a hearing aid)?

- Excellent 0
- Good 1
- Have a little trouble 2
- Have moderate trouble 3
- Have a lot of trouble 4
- Deaf 5

2. Are you age 65, or older?

- No 0
- Yes 1

→ **GO TO QUESTION 13**

A. Hearing Loss in Participants Younger than Age 65

Please answer yes, no, or sometimes to each of the following questions. Questions refer to your hearing. If you use a hearing aid, please answer the way you hear without the aid.

3. Does a hearing problem cause you to feel embarrassed when meeting new people?

- No 0
- Sometimes 1
- Yes 2

4. Does a hearing problem cause you to feel frustrated when talking to members of your family?

- No 0
- Sometimes 1
- Yes 2

5. Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?

- No 0
- Sometimes 1
- Yes 2

6. Do you feel handicapped by a hearing problem?

- No 0
- Sometimes 1
- Yes 2

7. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

- No 0
- Sometimes 1
- Yes 2

8. Does a hearing problem cause you difficulty in the movies or theater?

- No 0
- Sometimes 1
- Yes 2

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9. Does a hearing problem cause you to have arguments with family members?
 No 0 Sometimes 1 Yes 2
10. Does a hearing problem cause you difficulty when listening to TV or radio?
 No 0 Sometimes 1 Yes 2
11. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
 No 0 Sometimes 1 Yes 2
12. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
 No 0 Sometimes 1 Yes 2

GO TO SECTION C, QUESTION 23

B. Hearing Loss in Participants Age 65 and Older

Please answer yes, no, or sometimes to each of the following questions. Questions refer to your hearing. If you use a hearing aid, please answer the way you hear without the aid.

13. Does a hearing problem cause you to feel embarrassed when meeting new people?
 No 0 Sometimes 1 Yes 2
14. Does a hearing problem cause you to feel frustrated when talking to members of your family?
 No 0 Sometimes 1 Yes 2
15. Do you have difficulty hearing when someone speaks in a whisper?
 No 0 Sometimes 1 Yes 2
16. Do you feel handicapped by a hearing problem?
 No 0 Sometimes 1 Yes 2
17. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?
 No 0 Sometimes 1 Yes 2
18. Does a hearing problem cause you to attend religious services less often than you would like?
 No 0 Sometimes 1 Yes 2
19. Does a hearing problem cause you to have arguments with family members?
 No 0 Sometimes 1 Yes 2
20. Does a hearing problem cause you difficulty when listening to TV or radio?
 No 0 Sometimes 1 Yes 2
21. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
 No 0 Sometimes 1 Yes 2
22. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
 No 0 Sometimes 1 Yes 2

C. Hearing Aid Use

23. Have you ever worn a hearing aid? No 0 → **GO TO QUESTION 27**
 Yes 1
 Don't know/refused 9 → **GO TO QUESTION 27**

24. In the past 12 months, have you worn a hearing aid?
 No 0 → **GO TO QUESTION 27**
 Yes 1
 Don't know/refused 9 → **GO TO QUESTION 27**

25. How long have you used a hearing aid?
 Less than 6 weeks 1
 6 weeks 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 years or more 7
 Don't know/refused 9

26. In the past 12 months how often did you use a hearing aid?
 Always 1
 Usually 2
 About half the time 3
 Seldom 4
 Never 5
 Don't know/refused 9

D. Noise Exposure

27. Have you ever served in the military? No 0 → **GO TO QUESTION 30**
 Yes 1
 Don't know/refused 9 → **GO TO QUESTION 30**

28. How long did you serve?
 Less than 2 years 1
 2 to 5 years 2
 More than 5 years 3
 Don't know/refused 9

29. Did you ever use hearing protection during your service?
 No 0 Yes 1 Don't know/Refused 9

30. Have you ever fired a gun (not in military)?
 No 0 → **GO TO QUESTION 32**
 Yes 1
 Don't know/refused 9 → **GO TO QUESTION 32**

31. In the past year, how many days have you fired a gun?
 None 1
 1 to 5 days 2
 6 to 10 days 3
 More than 10 days 4
 Don't know/refused 9

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32. Outside of work have you ever been exposed to loud noise, such as noise from power tools or loud music for an average of at least once a month for a year?

- No 0 → **GO TO QUESTION 34**
 Yes 1
 Don't know/refused 9 → **GO TO QUESTION 34**

33. Have you ever worn hearing protection devices when exposed to these loud noises?

- No 0 Yes 1 Don't know/refused 9

34. Did you listen to a personal music system (iPod, MP3, or CD) using earphones in the last 7 days?

- No 0 → **END QUESTIONNAIRE**
 Yes 1
 Don't know/refused 9 → **END QUESTIONNAIRE**

35. Approximately how many hours did you spend listening to your personal system in the past week?

- Less than 1 hour 1
 1 to 2 hours 2
 3 to 4 hours 3
 5 to 7 hours 4
 8 to 9 hours 5
 10 or more hours 6