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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



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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