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

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 ☐	→ **GO TO QUESTION 14**
Yes	1 ☐	
Don't know/refused	9 ☐	→ **GO TO QUESTION 14**

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 ☐ → **GO TO QUESTION 16**
- 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 ☐