OMB#: 0925-XXXX Exp. XX/XXXX

Public reporting burden for this collection of information is estimated to average <u>02</u> minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

OMB#: 0925-XXXX Exp. XX/XXXX



HCHS/SOL Hearing Exam Questionnaire

	FORM CODE: HEE Contact VERSION: A 7/04/07 Occasio n											
Acrostic:												
ADMINISTRATIVE INFORMATION Oa. Completion Date:												
Instructions: No proxy respondents. These questions must be asked <i>before</i> the hearing examination begins. Encourage participants to select the answer that best fits their experiences. Mark only one response per item.												
A. Self Assessed Hearing Loss1. Do you feel you have a hearing loss?	No $0 \longrightarrow GO TO QUESTION 5$ Yes $1 \longrightarrow GO TO QUESTION 5$ Don't know/refused $9 \longrightarrow GO TO QUESTION 5$											
2. Which is your better ear?	Left 1 Right 2 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 los	s developed? Less than 5 years old 5 to 19 years 20 to 29 years 30 to 39 years 40 to 49 years 50 to 59 years 60 to 69 years 70 years or more Don't know/refused 1 1 1 5 to 19 years 5 6 6 6 7 7 8 Don't know/refused											
B. Tinnitus5. In the past year have you had buzzing, ri	nging, 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												

ID NUMBER:							FORM CODE: VERSION: A		Contact Occasion		SE	EQ#		
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 m	nonths	, hov	w ofte	en h	nave y	Almost alway At least once At least once At least once Less than on	u had this ringing, roaring, or buzzing in you 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						ad?
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?												•		
car problems:							Never Past year 1 to 2 years 3 to 4 years 5 to 9 years 10 to 14 year 15 years or m Don't know/re	nore	0					
11. When was the last time you had your hearing tested?														
							Never Past year 1 to 2 years 3 to 4 years 5 to 9 years 10 to 14 year 15 years or n Don't know/re	nore	0					
12. Have you ever had surgery on your ears? No $0 \longrightarrow GO TO QUESTION 14$														
							No Yes Don't know/re	1 _ efused 9 _	\rightarrow GO T					
13. What type	e of s	urgery	/ was	s dor	ne?		Tympanoplas Mastoidecton Stapedectom Cochlear imp Other	ny y	1					

ID NUMBER:								FORM CO VERSION:			Contact Occasion			SEQ#		
14. Have you	ube	s in	you	r ea	rs?	No 0 \rightarrow GO TO QUESTION 16 Yes 1 \longrightarrow Don't know/refused 9 \longrightarrow GO TO QUESTION 16										
15. Do you h	n no	w?				No Yes, on right Yes, on left Yes, one (side unknown) Yes, both sides Don't know/refused 0 1 2 4 Don't know/refused 9										
16. Have you	ın a	cous	stic ı		roma No	a? 0 🗌	Yes	1	Do	n't kn	ow/r	efused	9[
17. Have you ever had a cholesteatoma? No								0 🗌	Yes	1	Do	n't kn	ow/r	efused	9[
18. Has a doctor ever told you that you have No								e Meniere's 0 🗌	Diseas Yes	se? 1	Do	n't kn	ow/r	efused	9[
19. Has a doctor ever told you that you have No							e otoscleros 0 🗌	sis? Yes	1	Do	n't kn	ow/r	efused	9[
20. Have you	ı had	l a cold	l, sir	ius į	orob		, or No	earache in	the last Yes	1 24 hrs		n't kn	ow/r	efused	9 [
21. Have you	ı bee	n expo	sed	to l	oud		sic c No	or listened to	o music Yes	with h	•			past 24 efused		rs?
22. Have you	ı bee	n expo	sed	to a	any		er Iou No	ud noise in	the pas Yes	st 24 ho 1 🗌		n't kn	ow/r	efused	9[