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HCHS/SOL Hearing Exam Questionnaire

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: HEE
VERSION: A 7/04/07

Contact Occasion

SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /

Month Day Year

0b. Staff ID:

Instructions: No proxy respondents. These questions must be asked *before* 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 Loss

1. Do you feel you have a hearing loss?

No	0	<input type="checkbox"/>	→	GO TO QUESTION 5
Yes	1	<input type="checkbox"/>		
Don't know/refused	9	<input type="checkbox"/>	→	GO TO QUESTION 5

2. Which is your better ear?

Left	1	<input type="checkbox"/>
Right	2	<input type="checkbox"/>
No difference	3	<input type="checkbox"/>
Don't know/refused	9	<input type="checkbox"/>

3. Was your hearing loss sudden or gradual?

Sudden	1	<input type="checkbox"/>
Gradual	2	<input type="checkbox"/>
Don't know/refused	9	<input type="checkbox"/>

4. How old were you when your hearing loss developed?

Less than 5 years old	1	<input type="checkbox"/>
5 to 19 years	2	<input type="checkbox"/>
20 to 29 years	3	<input type="checkbox"/>
30 to 39 years	4	<input type="checkbox"/>
40 to 49 years	5	<input type="checkbox"/>
50 to 59 years	6	<input type="checkbox"/>
60 to 69 years	7	<input type="checkbox"/>
70 years or more	8	<input type="checkbox"/>
Don't know/refused	9	<input type="checkbox"/>

B. Tinnitus

5. In the past year have you had buzzing, ringing, or noise in your ears?

No	0	<input type="checkbox"/>	→	GO TO QUESTION 10
Yes	1	<input type="checkbox"/>		
Don't know/refused	9	<input type="checkbox"/>	→	GO TO QUESTION 10

6. Does this noise usually last longer than 5 minutes?

No	0	<input type="checkbox"/>	Yes	1	<input type="checkbox"/>	Don't know/refused	9	<input type="checkbox"/>
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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