

Attachment 3e Supplements/New Core Questions (12 minutes)

2014 NHIS- New Questions/Topics		
2014 Question Content	Prior Year(s) on NHIS	Similar NHIS Previous or Current Question Content
Arthritis		
<p>Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.</p> <p>(00-10)____ Refused Don't know</p> <p>Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?</p> <p>1. Yes 2. No Refused Don't know</p> <p>In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?</p>	<p>2009</p> <p>2006</p> <p>2003</p>	<p>All five supplement items for 2014 identical to questions from these years</p>

1. Yes 2. No Refused Don't know		
Heart Disease and Stroke		
<p>About how long has it been since you had your blood pressure checked by a doctor, nurse, or other health professional?</p> <p>__ Number 1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Refused Don't know</p> <p>At that time, were you told that your blood pressure was high, normal, or low?</p> <p>1. Not told 2. High 3. Normal 4. Low 5. Borderline Refused Don't know</p> <p>About how long has it been since you had your blood cholesterol checked by a doctor, nurse, or other health professional?</p> <p>__ Number 1. Day(s) 2. Week(s) 3. Month(s) 4. Year(s) Refused Don't know</p> <p>Which of the following would you say are the symptoms that someone may be having a heart attack? I am going to read a list. Please say yes or no to each one.</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2008</p> <p>2008</p> <p>2008</p> <p>2008</p>	<p>2014 questions identical to questions from these years</p>

<p>...Pain or discomfort in the jaw, neck or back. ...Feeling weak, lightheaded or faint. ...Chest pain or discomfort. ...Pain or discomfort in the arms or shoulder. ...Shortness of breath.</p> <p>If you thought someone was having a heart attack, what is the BEST thing to do right away?</p> <ol style="list-style-type: none"> 1. Advise them to drive to the hospital 2. Advise them to call their physician 3. Call 9-1-1 (or another emergency number) 4. Call spouse or family member 5. Other <p>Refused Don't know</p>	<p>2008</p>	
<p>Which of the following would you say are the symptoms that someone may be having a stroke? I am going to read a list. Please say yes or no to each one.</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Refused Don't know</p> <p>... Sudden numbness or weakness of face, arm, or leg, especially on one side. ... Sudden confusion or trouble speaking. ... Sudden trouble seeing in one or both eyes. ... Sudden trouble walking, dizziness, or loss of balance. ... Sudden severe headache with no known cause.</p>	<p>2009</p>	
<p>If you thought someone was having a stroke, what is the BEST thing to do right away?</p> <ol style="list-style-type: none"> 1. Advise them to drive to the hospital 2. Advise them to call their physician 3. Call 9-1-1 (or another emergency number) 4. Call spouse or family member 5. Other <p>Refused Don't know</p>	<p>2009</p>	

Million Hearts		
<p>Was any medicine EVER prescribed by a doctor for your high blood pressure?</p> <p>1. Yes 2. No Refused Don't know</p>	2008	2014 questions identical to questions from these years
<p>Are you NOW taking any medicine prescribed by a doctor for your high blood pressure?</p> <p>1. Yes 2. No Refused Don't know</p>	2008	
<p>Have you EVER been told by a doctor or other health professional that you had high cholesterol?</p> <p>*Enter '1' if respondent is taking medication to control his/her high cholesterol.</p> <p>1. Yes 2. No Refused Don't know</p>	2012	
<p>Was any medication EVER prescribed by a doctor to help lower your cholesterol?</p> <p>1. Yes 2. No Refused Don't know</p>	2008	
<p>Are you NOW taking any medicine prescribed by a doctor to help lower your cholesterol?</p> <p>1. Yes 2. No Refused Don't know</p>	2008	
Child and Adult Hearing		
<p>Child: These next questions are about [fill: SC name]'s hearing WITHOUT the use of hearing aids or other listening devices.</p> <p>Which statement best describes [fill: SC name]'s hearing: Excellent, good, a little trouble hearing,</p>	2007	<p>Child 2007 version: Which statement best describes [fill: S.C. name]'s hearing without a hearing aid: Good, a little trouble, a lot of trouble, or deaf?</p> <p>1. Good 2. A little trouble</p>

<p>moderate trouble, a lot of trouble, or is [fill: SC's name] deaf?</p> <ol style="list-style-type: none"> 1. Excellent 2. Good 3. A little trouble hearing 4. Moderate trouble 5. A lot of trouble 6. Deaf <p>Refused Don't know</p> <p>Adult: These next questions are about your hearing WITHOUT the use of hearing aids or other listening devices.</p> <p>Is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?</p> <ol style="list-style-type: none"> 1. Excellent 2. Good 3. A little trouble hearing 4. Moderate trouble 5. A lot of trouble 6. Deaf <p>Refused Don't know</p>	<p>2007</p>	<ol style="list-style-type: none"> 3. A lot of trouble 4. Deaf <p>Refused Don't know</p> <p>Adult 2007 version identical to 2014 version.</p>
<p>Child: Without a hearing aid...Is [fill: SC name]'s hearing WORSE in one ear than the other?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Refused Don't know</p> <p>Adult: Without a hearing aid ... Is your hearing WORSE in one ear than the other?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Refused Don't know</p>	<p>2007</p>	<p>Adult 2007 version: Is your hearing WORSE in one ear than the other?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Refused Don't know</p>
<p>Adult: Which ear is worse?</p> <ol style="list-style-type: none"> 1. The right ear 2. The left ear <p>Refused Don't know</p>	<p>2007</p>	<p>Adult 2007 version identical to 2014 version.</p>

<p>Child: *Read if necessary: Without a hearing aid...Is [fill: SC name]'s hearing in [fill: his/her] WORSE ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or is [fill: he/she] deaf?</p> <p>Adult: Is your hearing in your RIGHT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?</p> <p>1. Excellent 2. Good 3. A little trouble hearing 4. Moderate trouble 5. A lot of trouble 6. Deaf Refused Don't know</p> <p>Adult: Is your hearing in your LEFT ear excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?</p> <p>1. Excellent 2. Good 3. A little trouble hearing 4. Moderate trouble 5. A lot of trouble 6. Deaf Refused Don't know</p> <p>Child: Without a hearing aid... Can [fill: SC name] usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to [fill: him/her] from across a QUIET room?Without a hearing aid ...</p> <p>1. Yes 2. No Refused Don't know</p> <p>Adult: Without a hearing aid...Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to you from across a QUIET room?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2007</p> <p>2007</p> <p>2007</p>	<p>Adult 2007 version identical to 2014 version.</p> <p>Adult 2007 version identical to 2014 version.</p> <p>Adult 2007 version: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person WHISPERS to you from across a quiet room?</p> <p>1. Yes 2. No Refused Don't know</p>
---	-------------------------------------	--

<p>Child: Can [fill: SC name]'s usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to [fill: him/her] from across a QUIET room?Without a hearing aid ...</p> <p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person TALKS IN A NORMAL VOICE to you from across a QUIET room?</p> <p>1. Yes 2. No Refused Don't know</p>	2007	Adult 2007 version identical to 2014 version.
<p>Child: Can [fill: SC name]'s usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to [fill: him/her] from across a QUIET room?</p> <p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SHOUTS to you from across a QUIET room?</p> <p>1. Yes 2. No Refused Don't know</p>	2007	Adult 2007 version identical to 2014 version.
<p>Child: Can [fill: SC name]'s usually HEAR AND UNDERSTAND what a person says without seeing his or her face if that person SPEAKS LOUDLY into [fill: his/her] [fill1: ear/better ear]</p> <p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: Can you usually HEAR AND UNDERSTAND what a person says without seeing his or her</p>	2007	Adult 2007 version identical to 2014 version.

<p>face if that person SPEAKS LOUDLY into your [fill1: ear/better ear]?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: A cochlear (KOH-klee-uhr) implant is an electrical device that a surgeon puts in a person's ear(s) if they have severe hearing loss or are almost totally deaf. Has a doctor or other health care professional ever recommended a cochlear implant for [fill: SC name]?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Adult: A cochlear (KOH-klee-uhr) implant is an electrical device that a surgeon puts in a person's ear(s) if they have severe hearing loss or are almost totally deaf. Has a doctor or other health care professional ever recommended a cochlear implant to you?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: Has [fill: SC name] had cochlear implant surgery?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Adult: Have you had cochlear implant surgery?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: Has anyone, friends, relatives, teachers or others, ever told you that [fill: SC name] has a hearing problem?</p> <p>1. Yes</p>	<p>2007</p> <p>2007</p>	<p>Adult 2007 version: Has a hearing specialist, your doctor, or other health care professional ever recommended a cochlear (KOH-klee-uhr) implant to you?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Adult 2007 version: Do you now use a cochlear implant?</p> <p>1. Yes 2. No Refused Don't know</p>
---	-------------------------	--

<p>2. No Refused Don't know</p> <p>Adult: Has anyone, friends, relatives or others, ever told you that you have a hearing problem?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: When you speak directly to [fill: SC name], how often does [fill: he/she] hear something different from what you said?</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p> <p>Child: How often does [fill: SC name] have difficulty understanding what people say to her/him?</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p> <p>Child: How often does [fill: SC name] have difficulty understanding a conversation if there is background NOISE, for example, when other people are talking, TV or radio is on, or children are playing close by?</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p>	<p>2007</p>	<p>Adult 2007 version: Have any of your friends or relatives ever told you that you have a hearing problem?</p> <p>1. Yes 2. No Refused Don't know</p>
--	-------------	--

<p>Adult: How often do you find it difficult to follow a conversation if there is background NOISE, for example, when other people are talking, TV or radio is on, or children are playing close by? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: How often does your hearing cause you to feel frustrated when talking to your friends or relatives? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: How often does your hearing cause you to worry about your safety while working or doing other activities? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Child: How old was [fill: SC name] when [fill: he/she] began to have ANY [fill: hearing loss/hearing loss in either ear]?</p> <ol style="list-style-type: none"> 1. At birth 2. 0 to 2 years of age 3. 3 to 5 years of age 4. 6 to 8 years of age 5. 9 to 11 years of age 6. 12 to 14 years of age 7. 15 to 17 years of age 	<p>2007</p> <p>2007</p> <p>2007</p>	<p>Adult 2007 version: How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult 2007 version: How often does your hearing cause you to feel frustrated when talking to members of your family or to friends? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult 2007 version identical to 2014 version.</p>
---	-------------------------------------	---

<p>Refused Don't know</p> <p>Adult: How old were you when you began to have ANY [fill1: hearing loss/hearing loss in either ear]?</p> <ol style="list-style-type: none"> 1. At birth 2. 0 to 2 years of age 3. 3 to 5 years of age 4. 6 to 11 years of age 5. 12 to 19 years of age 6. 20 to 29 years of age 7. 30 to 39 years of age 8. 40 to 49 years of age 9. 50 to 59 years of age 10. 60 to 69 years of age 11. 70 to 79 years of age 12. 80 or more years of age <p>Refused Don't know</p> <p>Child: What is the MAIN cause of [fill: SC name]'s hearing loss?</p> <ol style="list-style-type: none"> 1. Mother had infection while pregnant, e.g., cytomegalovirus (CMV), rubella 2. Genetic reason(s) 3. Born very early, preterm birth or low birth weight 4. Child had infectious disease after birth (measles, meningitis, mumps, etc.) 5. Ear infections (fluid in middle ear, otitis, glue ear, etc.) 6. Ear injury or head/neck trauma 7. Ear disease or surgery 8. Medications/drugs, such as gentamicin (aminoglycosides), cisplatin (cancer drugs), antibiotics, anti-inflammatory drugs, diuretics 9. Loud, brief noise from firecrackers, nearby fireworks, gunfire, blasts, or explosions 10. Sudden hearing loss, unexplained by loud, brief noise or other known causes 11. Long term noise exposure from machinery, aircraft, power tools, loud music, loud toys, appliances, personal stereos or MP3 players, hair dryers, etc. 12. Other <p>Refused Don't know</p>	<p>2007</p>	<p>Adult 2007 version: How old were you when you began to have ANY permanent [fill: hearing loss/hearing loss in either ear]?</p> <ol style="list-style-type: none"> 1. At birth 2. 0 to 2 years of age 3. 3 to 5 years of age 4. 6 to 11 years of age 5. 12 to 19 years of age 6. 20 to 39 years of age 7. 40 to 59 years of age 8. 60 to 69 years of age 9. 70 or more years of age <p>Refused Don't know</p>
<p>Adult: What is the MAIN cause of your hearing loss?</p>	<p>2007</p>	<p>Adult 2007 version: What is the MAIN cause of your hearing loss?</p> <ol style="list-style-type: none"> 1. Present at birth because mother had German measles

<p>1. Present at birth because mother had infectious disease, for example, German measles (rubella), cytomegalovirus (CMV), toxoplasmosis, etc.</p> <p>2. Present at birth for a genetic reason</p> <p>3. Present at birth for other reason, e.g., preterm birth (NOT genetic or infectious disease)</p> <p>4. After birth due to an infectious disease (measles, meningitis, mumps, etc.)</p> <p>5. Ear infections or otitis media, fluid in middle ear space, ear drum burst (perforation)</p> <p>6. Ear injury or head/neck trauma</p> <p>7. Ear surgery</p> <p>8. Medications/drugs, such as gentamicin (aminoglycosides), cisplatin (cancer drugs), antibiotics, anti-inflammatory drugs, diuretic</p> <p>9. Ear disease such as Meniere's disease or otosclerosis</p> <p>10. Brain tumor (acoustic neuroma/vestibular schwannoma, etc)</p> <p>11. Loud, brief noise from gunfire, hand grenade, IED, other blasts or explosions</p> <p>12. Sudden hearing loss, unexplained by loud, brief noise or other known causes</p> <p>13. Long term noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hair dryers, etc.</p> <p>14. Getting older/aging</p> <p>15. Some other cause</p> <p>Refused</p> <p>Don't know</p> <p>Child: When was the LAST time [fill: SC name] saw a doctor or other health care professional about any hearing or ear problems?</p> <p>0. Never</p> <p>1. In the past year</p> <p>2. 1 to 2 years ago</p> <p>3. 3 to 4 years ago</p> <p>4. 5 to 9 years ago</p> <p>5. 10 to 14 years ago</p> <p>6. 15 or more years ago</p> <p>Refused</p> <p>Don't know</p> <p>Adult: When was the LAST time you saw a doctor or other health care professional about any hearing or ear problems?</p> <p>0. Never</p> <p>1. In the past year</p>	<p>2007</p>	<p>(Rubella) or Cytomegalovirus (CMV)</p> <p>2. Present at birth for a genetic reason</p> <p>3. Present at birth for some other reason, not including genetic or infectious disease</p> <p>4. Infectious disease after birth (measles, meningitis, etc.)</p> <p>5. Ear infections or Otitis Media</p> <p>6. Ear injury (holes in the eardrum, etc.)</p> <p>7. Ear surgery</p> <p>8. Ear disease such as Meniere's Disease or Otosclerosis</p> <p>9. Brain tumor (Acoustic Neuroma, etc)</p> <p>10. Loud, brief noise from gunfire, blasts, or explosions</p> <p>11. Noise exposure from machinery, aircraft, power tools, loud music, appliances, personal stereos or MP3 players, hairdryers, etc.</p> <p>12. Getting older/aging</p> <p>13. Some other cause</p> <p>Refused</p> <p>Don't know</p> <p>Adult 2007 version identical to 2014 version.</p>
--	-------------	--

response (ABR) test for hearing loss at birth?

- 1. Yes
- 2. No
- Refused
- Don't know

Child: At what age did [fill: SC name] FIRST have an earache or an ear infection?

- 0. Never
- 1. Less than 6 months old
- 2. 6 to 11 months of age
- 3. 2 to 17 months of age
- 4. 18 to 23 months of age
- 5. 2 to 3 years of age
- 6. 4 to 5 years of age
- 7. 6 to 8 years of age
- 8. 9 years or older
- Refused
- Don't know

Child: Did [fill: SC name] EVER have a tube placed in one or both ears to drain fluid from the ear(s)?

- 1. Yes
- 2. No
- Refused
- Don't know

Child: At what age did [fill: SC name] FIRST have an ear tube placed in one or both ears to drain fluid from the ear(s)?

- 1. Less than 6 months old
- 2. 6 to 11 months of age
- 3. 2 to 17 months of age
- 4. 18 to 23 months of age
- 5. 2 to 3 years of age
- 6. 4 to 5 years of age
- 7. 6 to 8 years of age
- 8. 9 years or older
- Refused
- Don't know

Child: Has [fill: SC name] EVER had a hearing test at school?

- 1. Yes
- 2. No
- Refused
- Don't know

Child: Has [fill: SC name] had [his/her] hearing

<p>tested more than once at school?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: When did [fill: SC name]'s have [his/her] most recent hearing test at school?</p> <p>1. Less than 1 year ago 2. 1 to 2 years ago 3. 3 to 4 years ago 4. 5 to 9 years ago 5. 10 or more years ago Refused Don't know</p> <p>Child: A hearing test by a specialist is done in a sound-treated booth or room, or with headphones. Hearing specialists include audiologists, ear-nose-throat (ENT) doctors and trained health technicians or nurses (include hearing exams conducted in schools). When was the last time [fill: SC name] had [fill: his/her] hearing tested by a hearing specialist?</p> <p>0. Never 1. In the past year 2. 1 to 2 years ago 3. 3 to 4 years ago 4. 5 to 9 years ago 5. 10 to 14 years ago 6. 15 or more years ago Refused Don't know</p> <p>Adult: A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat (ENT) doctors, and trained health technicians or occupational nurses. When was the last time you had your hearing tested by a hearing specialist?</p> <p>0. Never 1. In the past year 2. 1 to 2 years ago 3. 3 to 4 years ago 4. 5 to 9 years ago 5. 10 to 14 years ago 6. 15 or more years ago Refused Don't know</p>	<p>2007</p>	<p>Adult 2007 version: When was the last time you had your hearing tested?</p> <p>0. Never 1. In the past year 2. 1 to 2 years ago 3. 3 to 4 years ago 4. 5 to 9 years ago 5. 10 to 14 years ago 6. 15 or more years ago Refused Don't know</p>
---	-------------	---

<p>Child: A hearing aid is a small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help children and adults hear. Does [fill: SC name] NOW use a hearing aid(s)?</p> <p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: A hearing aid is a small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear. Do you NOW use a hearing aid(s)?</p> <p>1. Yes 2. No Refused Don't know</p>	2007	<p>Adult 2007 version: Do you now use a hearing aid(s)?</p> <p>1. Yes 2. No Refused Don't know</p>
<p>Child: How long has [fill: SC name] used a hearing aid(s)?</p> <p>1. Less than 6 weeks 2. 6 weeks to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 years or more Refused Don't know</p>		
<p>Adult: How long have you used a hearing aid(s)?</p> <p>1. Less than 6 weeks 2. 6 weeks to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 years or more Refused Don't know</p>	2007	<p>Adult 2007 version identical to 2014 version.</p>
<p>Child: Think about how much [fill: SC name] used [his/her] present hearing aid(s) over the past two weeks. On an average day, how many hours did [fill: he/she] use a hearing aid(s)?</p> <p>0. None 1. Less than 1 hour a day 2. 1 to 3 hours a day</p>		

<p>3. 4 to 7 hours a day 4. 8 or more hours per day Refused Don't know</p> <p>Adult: Think about how much you used your present hearing aid(s) over the past two weeks. On an average day, how many hours did you use your hearing aid(s)?</p> <p>0. None 1. Less than 1 hour a day 2. 1 to 3 hours a day 3. 4 to 7 hours a day 4. 8 or more hours per day Refused Don't know</p> <p>Adult: Think about the situation where you most wanted to hear better, before you got your present hearing aid(s). OVER THE PAST 2 WEEKS, how much has the hearing aid helped in those situations?</p> <p>*Read categories below.</p> <p>1. Helped not at all 2. Helped slightly 3. Helped moderately 4. Helped quite a lot 5. Helped very much Refused Don't know</p> <p>Child: Has [fill: SC name] ever used a hearing aid(s) in the past?</p> <p>1. Yes 2. No Refused Don't know</p>	<p>2007</p>	<p>Adult 2007 version: IN THE PAST 12 MONTHS, how often did you use a hearing aid(s)? Would you say...</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p>
<p>Adult: Have you ever used a hearing aid(s) in the past?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: Has a hearing specialist, a doctor, or other health care professional ever recommended a hearing aid(s) for [fill: SC name]?</p>	<p>2007</p>	<p>2007 Adult version identical to 2014 version.</p>

<p>1. Yes 2. No Refused Don't know</p> <p>Adult: Has a hearing specialist, your doctor, or other health care professional ever recommended a hearing aid(s) to you?</p> <p>1. Yes 2. No Refused Don't know</p> <p>Child: How long did [fill: SC name] use a hearing aid(s) in the past?</p> <p>1. Less than 6 weeks 2. 6 weeks to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 years or more Refused Don't know</p>	<p>2007</p>	<p>2007 Adult version identical to 2014 version.</p>
<p>Adult: How long did you use a hearing aid(s) in the past?</p> <p>1. Less than 6 weeks 2. 6 weeks to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 years or more Refused Don't know</p> <p>Child: When [fill: SC name] used to wear a hearing aid, on an average day, how many hours did [he/she] use it?</p> <p>0. None 1. Less than 1 hour a day 2. 1 to 3 hours a day 3. 4 to 7 hours a day 4. 8 or more hours per day Refused Don't know</p>	<p>2007</p>	<p>2007 Adult version identical to 2014 version.</p>
<p>Adult: When you used to wear a hearing aid, on an average day, how many hours did you use</p>	<p>2007</p>	<p>Adult 2007 version: During this time, how often did you use a hearing aid(s)? Would you say...</p>

<p>your hearing aid?</p> <p>0. None 1. Less than 1 hour a day 2. 1 to 3 hours a day 3. 4 to 7 hours a day 4. 8 or more hours per day Refused Don't know</p> <p>Child: Why did [fill: SC name] decide not to use a hearing aid(s)?</p> <p>*Enter all that apply, separate with commas.</p> <p>1. It didn't help 2. It made everything too loud 3. Didn't like the way it sounded (unwanted sounds such as whistling or other noises) 4. She/he didn't like the way her/his voice sounded when wearing the hearing aid 5. It was uncomfortable 6. It had frequent breakdowns/Needed repairs 7. Didn't like the way it looked 8. It cost too much 9. She/he didn't think she/he needed a hearing aid 10. It was misplaced or lost 11. Other reason Refused Don't know</p> <p>Adult: Why have you decided not to use a hearing aid(s)?</p> <p>*Enter all that apply, separate with commas.</p> <p>1. It didn't help 2. It made everything too loud 3. Didn't like the way it sounded (unwanted sounds such as whistling or other noises) 4. Didn't like the way I sounded (my own voice when wearing the hearing aid) 5. It was uncomfortable 6. It had frequent breakdowns/Needed repairs 7. Didn't like the way it looked 8. It cost too much 9. Don't think I need a hearing aid 10. It was misplaced or lost 11. Other reason Refused Don't know</p> <p>Child: Auditory training includes learning how to use visual cues to enhance your listening skills,</p>	<p>2007</p>	<p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p> <p>Adult 2007 version: Why have you decided not to use a hearing aid(s)?</p> <p>*Enter all that apply, separate with commas.</p> <p>1. It didn't help 2. Didn't like the way it sounded 3. Whistling sounds 4. It was uncomfortable 5. It had frequent breakdowns/Needed repairs 6. Didn't like the way it looked 7. It cost too much 8. Don't think I need a hearing aid 9. Other Refused Don't know</p>
--	-------------	---

placing yourself in the best listening situation in a room, or for example, if you use a hearing aid, learning how to use it in specific circumstances, such as on the telephone or in a noisy place. Did [fill: SC name] ever receive instruction or training to improve [his/her] ability to hear?

- 1. Yes
- 2. No
- Refused
- Don't know

Adult: Auditory training includes learning how to use visual cues to enhance your listening skills, placing yourself in the best listening situation in a room, or for example, if you use a hearing aid, learning how to use it in specific circumstances, such as on the telephone or in a noisy place. Did you ever receive instruction or training to improve your ability to hear?

- 1. Yes
- 2. No
- Refused
- Don't know

Child: BECAUSE OF [fill: SC name]'s HEARING, has [he/she] EVER used assistive technology to communicate, such as FM systems, instant or text messages, classroom amplification systems, headsets, closed-caption television, amplified telephone, relay services, or live video streaming?

- 1. Yes
- 2. No
- Refused
- Don't know

Adult: BECAUSE OF YOUR HEARING, have you ever used assistive technology to communicate, such as FM systems, instant or text messages, headsets, closed-caption television, amplified telephone, relay services, or live video streaming?

- 1. Yes
- 2. No
- Refused
- Don't know

Child: What assistive technology devices or types has [fill: SC name] EVER used?

2007

No similar adult or child question.

Adult 2007 version: Because of your hearing, have you ever used assistive listening devices (ALDs), such as FM systems, closed-caption television, or amplified telephone or relay services?

- 1. Yes
- 2. No
- Refused
- Don't know

<p>*Enter all that apply, separate with commas.</p> <ol style="list-style-type: none"> 1. FM system, pocket talker or other personal listening device 2. Instant or text messages 3. Classroom amplification systems 4. Amplified telephone 5. Amplified or vibrating alarm clock 6. Notification or signaling alarm system (light signaler for doorbell, etc.) 7. Headset with Television/Theater or closed-captioned TV 8. TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service 9. Video relay service 10. Live video streaming (for example, video on computers or phones) using sign language or other means to communicate 11. Sign language interpreter 12. Other <p>Refused Don't know</p>		
<p>Adult: What types of assistive technology have you EVER used?</p> <p>*Enter all that apply, separate with commas.</p> <ol style="list-style-type: none"> 1. FM system pocket talker or other personal listening device 2. Instant or text messages 3. Amplified telephone 4. Amplified or vibrating alarm clock 5. Notification or signaling alarm (light signaler for doorbell, baby cry monitor, etc.) 6. Headset with Television/Theater or closed-captioned TV 7. TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service 8. Video relay service 9. Live video streaming (video on computers or phones) using sign language or other means to communicate 10. Sign language interpreter 11. Other <p>Refused Don't know</p>	2007	<p>Adult 2007 version: Which of the following assistive listening devices (ALDs) have you ever used?</p> <p>*Enter all that apply, separate with commas.</p> <ol style="list-style-type: none"> 1. Pocket talker or other personal listening device 2. Amplified telephone 3. Amplified or vibrating alarm clock 4. Notification or signaling alarm system (light signaler for doorbell, baby cry monitor, etc.) 5. Television/Theater headset or closed-captioned TV 6. TTY (teletypewriter), TDD (telecommunications device for the deaf), or telephone relay service 7. Video relay service 8. Sign language interpreter 9. Other <p>Refused Don't know</p>
<p>Adult: DURING THE PAST 12 MONTHS, have you had a problem with dizziness, lightheadedness, feeling as if you are going to pass out or faint, unsteadiness or imbalance?</p>	2008	<p>Adult 2008 version: During the PAST 12 MONTHS, have you had a problem with dizziness or balance? Do not include times when drinking alcohol.</p> <ol style="list-style-type: none"> 1. Yes

<p>Do not include times when drinking alcohol.</p> <p>1. Yes 2. No Refused Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more?</p> <p>*Read if necessary:</p> <p>Tinnitus (TIN-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.</p> <p>1. Yes 2. No Refused Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say...</p> <p>*Read categories below.</p> <p>1. Almost always 2. At least once a day 3. At least once a week 4. At least once a month 5. Less frequently than once a month Refused Don't know</p> <p>Adult: How long have you been bothered by this ringing, roaring, or buzzing in your ears or head?</p> <p>1. Less than 3 months 2. 3 to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 years or more Refused Don't know</p> <p>Adult: Are you bothered by ringing, roaring, or buzzing in your ears or head ONLY after listening to loud sounds or loud music?</p> <p>1. Yes</p>	<p>2007</p> <p>2007</p> <p>2007</p> <p>2007</p>	<p>2. No Refused Don't know</p> <p>2007 version identical to 2014 version.</p> <p>2007 version identical to 2014 version.</p> <p>2007 version identical to 2014 version.</p>
--	---	--

<p>2. No Refused Don't know</p>		
<p>Adult: Are you bothered by ringing, roaring, or buzzing in your ears or head when going to sleep?</p>	2007	2007 version identical to 2014 version.
<p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: How much of a problem is this ringing, roaring, or buzzing in your ears or head? Would you say it is...</p>	2007	2007 version identical to 2014 version.
<p>*Read categories below.</p>		
<p>1. No problem 2. A small problem 3. A moderate problem 4. A big problem 5. A very big problem Refused Don't know</p>		
<p>Adult: Have you ever discussed this ringing, roaring or buzzing in your ears or head with your doctor or other health care professional?</p>	2007	2007 version identical to 2014 version.
<p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: IN THE PAST 5 YEARS, have you been evaluated or treated for the ringing, roaring or buzzing in your ears or head by a medical specialist in hearing, such as an Ear, Nose and Throat (ENT) doctor, audiologist, neurologist, or psychiatrist?</p>		New for 2014.
<p>*Include otolaryngologist, otologist and neuro-otologist.</p>		
<p>1. Yes 2. No Refused Don't know</p>		
<p>Adult: Have you ever tried any remedies or treatments for this ringing, roaring, or buzzing in your ears or head?</p>	2007	2007 version identical to 2014 version.

<p>1. Yes 2. No Refused Don't know</p> <p>Adult: What remedies or treatments have you tried?</p> <p>*Enter all that apply, separate with commas.</p> <ol style="list-style-type: none"> 1. Started or taking drugs or medications 2. Stopped or reduced use of drugs or medications, such as aspirin, diuretics, etc. 3. Hearing aids/amplification 4. Masking device(s) 5. Surgical or other medical procedures 6. Relaxation therapy, stress reduction techniques 7. Tinnitus Retraining Therapy (TRT) 8. Music Therapy 9. Avoided irritants, such as caffeine, salt, smoking (tobacco) 10. Nutritional supplements, such as niacin or zinc 11. Alternative methods (hypnosis, acupuncture, etc.) 12. Other <p>Refused Don't know</p> <p>Adult: How much have remedies or treatments helped with the ringing, roaring, or buzzing in your ears or head? Would you say they...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Helped not at all 2. Helped slightly 3. Helped moderately 4. Helped quite a lot 5. Helped very much <p>Refused Don't know</p> <p>Adult: Some people are bothered by everyday sounds or noises that don't bother most people. Do every day sounds, such as from a hair dryer, vacuum cleaner, lawnmower, or siren, seem too loud or annoying to you?</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Refused</p>	<p>2007</p>	<p>Adult 2007 version: Which of the following treatments have you tried?</p> <p>*Enter all that apply, separate with commas.</p> <ol style="list-style-type: none"> 1. Amplification/Hearing aids 2. Masking with wearable device (with or without hearing aids) 3. Masking with non-wearable device (sound generators to help with sleep) 4. Cognitive therapy with counseling 5. Stress reduction or relaxation methods 6. Biofeedback 7. Tinnitus retraining therapy (TRT) 8. Psychiatric treatment 9. Surgery to cut the hearing nerve 10. Drugs or medications 11. Nutritional supplements 12. Music therapy 13. Temporal mandibular joint treatment 14. Alternative methods (hypnosis, acupuncture, etc.) 15. Other <p>Refused Don't know</p> <p>New for 2014.</p> <p>New for 2014.</p>
---	-------------	--

<p>Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, how much of a problem have you had because every day sounds seem unbearably loud? Would you say it was...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. No problem 2. A small problem 3. A moderate problem 4. A big problem 5. A very big problem <p>Refused Don't know</p> <p>Child: The next questions are about [fill: SC name]'s exposure to loud sounds or noises.</p> <p>Has [fill: SC name] ever shot a gun or been close to others who were using firearms for any reason? Close means standing next to or nearby to others who were using firearms.</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Don't know Refused</p>		<p>New for 2014.</p>
<p>Adult: The next few questions are about your current or previous exposure to loud sounds or noises.</p> <p>Have you EVER used guns or firearms for any reason?</p> <p>*Include target shooting, hunting, your job (including military service). *Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Don't know Refused</p>	<p>2007</p>	<p>Adult 2007 version: The next few questions are about your current or previous exposure to loud sounds or noises.</p> <p>Have you ever used firearms for any reason?</p> <p>*Include target shooting, hunting, your job (including military service). *Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.</p> <ol style="list-style-type: none"> 1. Yes 2. No <p>Don't know Refused</p>
<p>Adult: Was this for work, leisure, or both?</p> <ol style="list-style-type: none"> 1. Work 2. Leisure 3. Both work and leisure <p>Refused Don't know</p>	<p>2007</p>	<p>2007 version identical to 2014 version.</p>

Child: Has [fill: SC name] ever lit firecrackers, been nearby to others lighting firecrackers, or close to explosive sounds such as fireworks displays or other explosive noises?

- 1. Yes
- 2. No
- Don't know
- Refused

Child: About how many TOTAL explosive events has [fill: SC name] experienced, including gun shots, firecrackers going off, nearby fireworks explosions, and any other explosive noises?

*Read categories if necessary.

*Include target shooting, hunting, lighting firecrackers, other explosive noises.

*One "event" equals one shot, one firecracker, one fireworks explosion, etc.

- 1. 1 to less than 100 events
- 2. 100 to less than 1000 events
- 3. 1000 to less than 10,000 events
- 4. 10,000 to less than 50,000 events
- 5. 50,000 events or more

- Refused
- Don't know

Child: When [fill1: shooting guns,] lighting firecrackers or being close to others who were [fill: shooting guns,] lighting firecrackers, or when explosive sounds occurred, how often did [fill: SC name] wear hearing protection, such as earplugs or ear muffs? Would you say...

*Read categories below.

- 1. Always
- 2. Usually
- 3. About half the time
- 4. Seldom
- 5. Never

- Refused
- Don't know

Adult: When did you use guns or firearms... during the last 12 months, before then, or both during and before the last 12 months?

*Include target shooting, hunting, your job (including military service).

*Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet

<p>guns.</p> <ol style="list-style-type: none"> 1. During the last 12 months 2. Before the last 12 months 3. Both during and before the last 12 months <p>Refused Don't know</p> <p>DURING THE PAST 12 MONTHS, about how many rounds have you fired?</p> <p>*Read categories if necessary. *Include target shooting, hunting, your job (including military service). *One round equals one shot.</p> <ol style="list-style-type: none"> 1. 1 to less than 100 rounds 2. 100 to less than 1000 rounds 3. 1000 to less than 10,000 rounds 4. 10,000 rounds or more <p>Refused Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, when shooting firearms how often have you worn hearing protection, such as ear plugs or ear muffs? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: How many TOTAL rounds have you ever fired?</p> <p>*Read categories if necessary. *Include target shooting, hunting, your job (including military service). *One round equals one shot.</p> <ol style="list-style-type: none"> 1. 1 to less than 100 rounds 2. 100 to less than 1000 rounds 3. 1000 to less than 10,000 rounds 4. 10,000 to less than 50,000 rounds 5. 50,000 rounds or more <p>Refused Don't know</p>	<p>2007</p> <p>2007</p> <p>2007</p>	<p>Adult 2007 version: IN THE PAST 12 MONTHS, about how many rounds have you fired?</p> <p>*Read categories if necessary. *Include target shooting, hunting, your job (including military service). *One round equals one shot.</p> <p>0. None</p> <ol style="list-style-type: none"> 1. 1 to less than 100 rounds 2. 100 to less than 1000 rounds 3. 1000 to less than 10,000 rounds 4. 10,000 rounds or more <p>Refused Don't know</p> <p>Adult 2007 version: IN THE PAST 12 MONTHS, when shooting firearms how often have you worn ear plugs or ear muffs? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>2007 version identical to 2014 version.</p>
---	-------------------------------------	---

Adult: Before THE PAST 12 MONTHS, when shooting firearms how often have you worn hearing protection, such as ear plugs or ear muffs? Would you say...

*Read categories below.

- 1. Always
- 2. Usually
- 3. About half the time
- 4. Seldom
- 5. Never
- Refused
- Don't know

Child: Has [fill: SC name] ever had a job, or combination of jobs or chores, where she/he was exposed to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm's length) away.

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: Have you ever had a job, or combination of jobs, where you were exposed to VERY LOUD sounds or noise for 4 OR MORE HOURS A DAY, SEVERAL DAYS A WEEK?

VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you.

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: Have you ever had a job, or combination of jobs, where you were exposed to LOUD sounds or noise for 4 OR MORE HOURS A DAY, SEVERAL DAYS A WEEK?

Loud means so loud that you must SPEAK IN A RAISED VOICE to be heard.

- 1. Yes
- 2. No
- Don't know
- Refused

2007

Adult 2007 version identical to 2014 version.

Child: In working on a job or doing chores, how many months or years has [fill: SC name] been exposed to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

VERY LOUD means so loud that one must shout in order to be understood by a person standing 3 feet (arm's length) away.

1. Less than 3 months
 2. 3 to 11 months
 3. 1 to 2 years
 4. 3 to 4 years
 5. 5 to 9 years
 6. 10 to 14 years
 7. 15 years or more
- Refused
Don't know

Adult: In your work, how many months or years have you been exposed at work to VERY LOUD sounds or noise for 4 or more hours a day, several days a week?

*Read if necessary: VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you.

1. Less than 3 months
 2. 3 to 11 months
 3. 1 to 2 years
 4. 3 to 4 years
 5. 5 to 9 years
 6. 10 to 14 years
 7. 15 years or more
- Refused
Don't know

Adult: When were you exposed to VERY LOUD sounds or noise at work... during the last 12 months, before then, or both during and before the last 12 months?

1. During the last 12 months
 2. Before the last 12 months
 3. Both during and before the last 12 months
- Refused
Don't know

Child: About how often did [fill: SC name] wear hearing protection, such as ear plugs or ear muffs when exposed to VERY LOUD sounds or noise at work or while doing chores? Would

<p>you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or ear muffs when exposed to VERY LOUD sounds or noise at work? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: BEFORE THE LAST 12 MONTHS, when exposed at work to VERY LOUD sounds or noise, how often DID you wear hearing protection, such as ear plugs or ear muffs? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: For how many months or years have you been exposed at work to LOUD sounds or noise for 4 or more hours a day, several days a week?</p> <p>LOUD means so loud that you must speak in a RAISED VOICE TO BE HEARD.</p> <ol style="list-style-type: none"> 1. Less than 3 months 2. 3 to 11 months 3. 1 to 2 years 4. 3 to 4 years 5. 5 to 9 years 6. 10 to 14 years 7. 15 years or more 	<p>2007</p>	<p>2007 Adult version identical to 2014 version.</p>
---	-------------	--

<p>Refused Don't know</p> <p>Adult: When were you exposed to LOUD sounds or noise at work... during the last 12 months, before then, or both during and before the last 12 months?</p> <p>1. During the last 12 months 2. Before the last 12 months 3. Both during and before the last 12 months Refused Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, how often did you wear hearing protection, such as ear plugs or ear muffs when exposed to LOUD sounds or noise at work? Would you say...</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p> <p>Adult: BEFORE THE LAST 12 MONTHS, when exposed at work to LOUD sounds or noise, how often DID you wear hearing protection, such as ear plugs or ear muffs? Would you say...</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p> <p>Child: [fill: Outside of working on a job or doing chores, has/Has] [fill: SC name] ever been exposed to VERY LOUD sounds or noise 10 or more times a year? This includes noise from extremely loud toys, gunfire, fireworks, power tools or machinery, very loud music, sporting events, recreational vehicles, racing or speedways, some household appliances, or other things?]</p> <p>*Read if necessary.</p> <p>VERY LOUD means so loud that one must shout</p>	<p>2007</p> <p>2007</p>	<p>Adult 2007 version: Was any of this exposure to loud sounds or noise IN THE PAST 12 MONTHS?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Adult 2007 version: IN THE PAST 12 MONTHS, how often did you wear ear plugs or ear muffs when exposed to loud sounds or noise at work? Would you say...</p> <p>*Read categories below.</p> <p>1. Always 2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p>
---	-------------------------	--

in order to be understood by a person standing 3 feet (arm's length) away.

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: Outside of work, have you ever been exposed to VERY LOUD sounds or noise 10 or more times a year? This includes noise from power tools, machinery, recreational vehicles, racing or speedways, rock concerts, some sporting events, and other things?

VERY LOUD means so loud that you must SHOUT in order to be understood by someone standing 3 feet (arm's length) away from you.

- 1. Yes
- 2. No
- Don't know
- Refused

Child: What types of VERY LOUD activities has [fill: SC name] ever been exposed to 10 or more times a year?

*Enter all that apply, separate with commas.

- 1. Motorcycles/auto racing/snowmobile/motor boat/recreational vehicles
- 2. Operating farm machinery
- 3. Woodworking, other workshop power tools
- 4. Lawn mower, electric trimmer, leaf/snow blower, chain saw
- 5. Guns, firearms
- 6. Firecrackers or fireworks
- 7. Very loud household appliances (vacuum cleaners, hair dryers, etc.)
- 8. CD Player/MP3 Player/iPod, etc.
- 9. Playing a musical instrument
- 10. Extremely loud toys
- 11. Other music-related activities: Rock concerts, stereos, disco/clubs or bars
- 12. Other activities (such as computer/video games, home theater, loud sporting events)
- Refused
- Don't know

Adult: What VERY LOUD activities have you EVER been exposed to 10 or more times a year?

*Enter all that apply, separate with commas.

<p>1. Lawn mower, electric trimmer, leaf/snow blower, etc. 2. Power tools, e.g., for woodworking, cutting down trees, etc. 3. Household appliances: blender/mixer, food processor, vacuum cleaner, hairdryer, etc. 4. Recreational vehicles, e.g., motorcycles/auto racing/snowmobile/motor boats 5. Rock concerts, disco/clubs or bars, other very loud music exposure 6. Very loud music, including from CD Player/MP3 Player/iPod, etc. 7. Very loud sporting events 8. Guns, firearms 9. Video/computer games, home theater 10. Other Refused Don't know</p> <p>Adult: Outside of work, have you ever been exposed to LOUD sounds or noise 10 or more times a year? This includes noise from lawn mowers, some household appliances, loud music, video games, and other things?</p> <p>LOUD means so loud that you must speak in a RAISED VOICE TO BE HEARD.</p> <p>1. Yes 2. No Don't know Refused</p> <p>Adult: What LOUD activities have you EVER been exposed to 10 or more times a year?</p> <p>*Enter all that apply, separate with commas.</p> <p>1. Lawn mower, electric trimmer, leaf/snow blower, etc. 2. Power tools, e.g., for woodworking, cutting down trees, etc. 3. Household appliances: blender/mixer, food processor, vacuum cleaner, hairdryer, etc. 4. Recreational vehicles, e.g., motorcycles/auto racing/snowmobile/motor boats 5. Rock concerts, disco/clubs or bars, other loud music exposure 6. Loud music, including from CD Player/MP3 Player/iPod, etc. 7. Loud sporting events 8. Guns, firearms 9. Video/computer games, home theater 10. Other</p>	<p>2007</p> <p>2007</p>	<p>Adult 2007 version: [Fill: Outside of work, have you ever been exposed to loud sounds or noise 10 or more times a year? This includes noise from power tools, loud music, racing or speedways, household appliances, or other things</p> <p>*Read if necessary. Loud means so loud that you must speak in a raised voice to be heard.</p> <p>1. Yes 2. No Don't know Refused</p> <p>Adult 2007 version: Which of the following activities have you ever been exposed to 10 or more times for a year?</p> <p>*Enter all that apply, separate with commas.</p> <p>1. Motorcycles/Auto racing/Snowmobile/Motor boat 2. Operating farm machinery 3. Wood cutting, woodworking, other workshop power tools 4. Lawn mower, electric trimmer, leaf/snow blower 5. Firearms 6. Household appliances: Blender/Mixer, food processor, vacuum cleaner, hair dryer, etc. 7. MP3 Player/iPod Playing in a music group 8. Other music-related activities: Rock concerts, stereos, disco/clubs or bars 9. Other noisy., non-work-related activities Refused Don't know</p>
---	-------------------------	--

<p>Refused Don't know</p> <p>When were you exposed to [fill1: LOUD/VERY LOUD] sounds or noise during leisure time, non-occupational activities, that is, during the last 12 months, before then, or both during and before the last 12 months?</p> <ol style="list-style-type: none"> 1. During the last 12 months 2. Before the last 12 months 3. Both during and before the last 12 months <p>Refused Don't know</p> <p>Child: When [fill: SC name] was exposed to VERY LOUD noise or music from activities outside of work, about how often did [he/she] wear hearing protection, such as ear plugs or ear muffs? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: DURING THE PAST 12 MONTHS, when exposed to [fill1: LOUD/VERY LOUD] noise or music [fill2: outside of work], how often have you worn hearing protection, such as ear plugs or ear muffs to reduce noise? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p> <p>Adult: BEFORE THE LAST 12 MONTHS, when exposed [Fill1: outside of work] to [Fill2: LOUD/VERY LOUD] noise or music, how often did you wear hearing protection, such as ear plugs or ear muffs to reduce noise? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 	<p>2007</p>	<p>Adult 2007 version: IN THE PAST 12 MONTHS, when exposed to loud noise or music [fill: outside of work], how often have you worn ear plugs or ear muffs? Would you say...</p> <p>*Read categories below.</p> <ol style="list-style-type: none"> 1. Always 2. Usually 3. About half the time 4. Seldom 5. Never <p>Refused Don't know</p>
---	-------------	---

<p>2. Usually 3. About half the time 4. Seldom 5. Never Refused Don't know</p> <p>Child: DURING THE PAST 12 MONTHS, did anyone get information from the internet about [fill: SC name]'s health, medical treatments, or rehabilitation services?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Adult: DURING THE PAST 12 MONTHS, did you get information from the internet about your health, medical treatments, or rehabilitation services?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Child: DURING THE PAST 12 MONTHS, did anyone get information from the internet on...</p> <p>Hearing loss for [fill: SC name]</p> <p>1. Yes 2. No Don't know Refused</p> <p>Adult: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...</p> <p>Hearing loss for you</p> <p>1. Yes 2. No Don't know Refused</p> <p>Child: DURING THE PAST 12 MONTHS, did anyone get information from the internet on...</p> <p>Hearing aids, including cochlear implants or other devices or assistive technology for [fill: SC name]</p>	<p>2012</p>	<p>Identical to question from 2012 Voice, Speech, and Language Supplement: DURING THE PAST 12 MONTHS, did you get information from the Internet about your health, medical treatments, or rehabilitation services?</p> <p>1. Yes 2. No Don't know Refused</p>
---	-------------	--

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing aids, including cochlear implants or other devices for you

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Ringing, roaring, or buzzing sounds in the ears or head (tinnitus) for you

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Dizziness or balance problems for you

- 1. Yes
- 2. No
- Don't know
- Refused

Child: DURING THE PAST 12 MONTHS, did anyone get information from the internet on...

Hearing protection such as ear plugs or earmuffs for [fill: SC name]

- 1. Yes
- 2. No
- Don't know
- Refused

Adult: DURING THE PAST 12 MONTHS, did you or others get information from the internet on...

Hearing protection such as ear plugs or ear muffs for you

- 1. Yes

<p>2. No Don't know Refused</p> <p>Was any of this information written by a doctor, other health professionals, medical associations, or other health-related organizations?</p> <p>1. Yes 2. No Don't know Refused</p>	<p>2012</p>	<p>Identical to question from 2012 Voice, Speech and Language Supplement: Was any of this information written by a doctor, other health professionals, medical associations, or other health-related organizations?</p> <p>1. Yes 2. No Don't know Refused</p>
---	-------------	--

Questions to Measure the Impact of the Affordable Care Act (Health Insurance Exchange Questions)

<p>Was [fill1:your/ALIAS's] Medicaid obtained through the [fill1: health insurance marketplace/ name of exchange program] program?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Under [fill1: your/ALIAS's] Medicaid plan is there an enrollment fee or premium?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Is the premium paid for this Medicaid plan based on income?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Was this plan obtained through the [fill1: health insurance marketplace/ name of exchange program] program?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Is the premium paid for this plan based on</p>		<p>Identical to question on 2013Q4 NHIS</p>
--	--	---

income?

- 1. Yes
- 2. No
- Don't know
- Refused

Was [fill1:your/ALIAS's] CHIP plan obtained through the [fill1: health insurance marketplace/ name of exchange program] program?

- 1. Yes
- 2. No
- Don't know
- Refused

Under this [fill1: ^STNAME1/this CHIP plan is there an enrollment fee or premium?

- 1. Yes
- 2. No
- Don't know
- Refused

Is the premium paid for [fill: STNAME1/this CHIP plan] based on income?

- 1. Yes
- 2. No
- Don't know
- Refused

Was [fill1:your/ALIAS's] state sponsored health plan obtained through the [fill1: health insurance marketplace/ name of exchange program] program?

- 1. Yes
- 2. No
- Don't know
- Refused

Under this [fill1: ^STNAME2/this state sponsored plan] is there an enrollment fee or premium?

- 1. Yes
- 2. No
- Don't know
- Refused

Is the premium paid for [fill: STNAME2/this

<p>state sponsored plan] based on income?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Was [fill1:your/ALIAS's] other government program obtained through the [fill1: health insurance marketplace/ name of exchange program] program?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Under this [fill1: ^STNAME3/this other government plan is there an enrollment fee or premium ?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Is the premium paid for [fill: STNAME3/this other government plan] based on income?</p> <p>1. Yes 2. No Don't know Refused</p> <p>Have you looked into purchasing health insurance coverage through the Health Insurance Marketplace/{fill name of state plan}?</p> <p>1. Yes 2. No Don't know Refused</p>		<p>Identical to question on 2013Q4 NHIS</p>
E-Cigarette Use		
<p>The next questions are about electronic cigarettes, often called e-cigarettes. E-cigarettes look like regular cigarettes, but are battery-powered and produce vapor instead of smoke.</p> <p>Have you ever used an e-cigarette, even one time?</p> <p>1. Yes 2. No Don't know</p>		

<p>Refused</p> <p>Do you now use e-cigarettes every day, some days, or not at all?</p> <p>1. Every day 2. Some days 3. Not at all Refused Don't know</p>		
--	--	--

New Core Question on Child Autism

<p>Has a doctor or health professional ever told you that [fill: S.C. name] had... Autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder?]</p> <p>1. Yes 2. No Don't know Refused</p>	<p>2013 (and previous years)</p>	<p>Question from prior versions: Looking at this list, has a doctor or health professional ever told you that [fill: S.C. name] had any of these conditions?</p> <p>*Read if necessary.</p> <p>Down syndrome Cerebral palsy Muscular dystrophy Cystic fibrosis Sickle cell anemia Autism/Autism spectrum disorder Diabetes Arthritis Congenital heart disease Other heart condition</p>
---	----------------------------------	---

New Core Question on Binge Drinking

<p>DURING THE PAST 30 DAYS, how many times did you have [fill: 5 or more/4 or more] drinks in about TWO HOURS?</p> <p>* Enter '1' if less than 1 drink.</p> <p>* Enter '60' if 60 or more drinks.</p> <p>____Times</p>		
--	--	--

New Core Question on Web Panels

<p>Research companies invite people to become members of online research panels where they regularly respond to surveys online. Are you currently a member of an online research panel?</p> <p>1. Yes 2. No Don't know Refused</p>		
--	--	--