

AUDIOMETRY DATA CAPTURE FORM:

Audiometer Serial #: _____

Left Earphone Serial #: _____

Health Technician: _____

Right Headphone Serial #: _____

Date: _____ Tester ID: _____

Participant ID: _____

AUDIOMETRY INTERVIEW:

1. Have you had a cold, stuffy or runny nose since yesterday {during the last 24 hours}?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
2. Have you had a fever or high temperature [$> 100^{\circ}\text{F}$], sore throat, or body aches and pains recently {during the last 2 weeks}?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
3.1 Have you had a pain in your ears, an earache, or plugged or stuffy ears recently {during the last 2 weeks}?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
3.2 If yes, which ear?	1. Left 2. Right 3. Both 77. Prefer not to answer 99. Don't know
4.1 Have you had a pain in your ears, an earache, or plugged or stuffy ears since yesterday {during the last 24 hours}?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
4.2 If yes, which ear?	1. Left 2. Right 3. Both 77. Prefer not to answer 99. Don't know
5.1 Do you have a tube in your right or left ear now?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
5.2 If yes, which ear?	1. Left 2. Right 3. Both 77. Prefer not to answer 99. Don't know

6. Have you listened to very loud TV, music, or any other very loud sounds or noises since yesterday {during the past 24 hours}?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
7. Have you been bothered by your ears ringing or making other sounds like buzzing, whistling, or roaring recently {during the last 2 weeks}?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
8.1 Do you hear better in one ear than the other?	1. Yes 2. No 77. Prefer not to answer 99. Don't know
8.2 If yes, which ear?	1. Left 2. Right 3. Both 77. Prefer not to answer 99. Don't know