

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**BLSA Hearing and Noise Exposure - Ver. 1.0****Section Title: Questions****Instructions:**

Date Completed

☐ Blank

Tester ID

**Hearing and Noise Exposure Questionnaire**

1. Which statement best describes your hearing without a hearing aid? Would you say your hearing is good, that you have a little trouble, a lot of trouble or are you deaf?

☐ Good ☐ Little trouble ☐ Lot of trouble ☐ Deaf ☐ Don't know ☐ Refused    Click to deselect entry

2. Have you ever used firearms for target shooting, hunting, or any other purpose?

☐ Yes ☐ No ☐ Don't know ☐ Refused    Click to deselect entry

3. Have you ever had a job where you were exposed to loud noise for 5 or more hours a week? By loud noise I mean noise so loud that you had to speak in a raised voice to be heard.

☐ Yes ☐ No ☐ Don't know ☐ Refused    Click to deselect entry

4. Outside of a job, have you been exposed to loud noise or music for 5 or more hours a week? This is noise so loud that you have to raise your voice to be heard.

Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles or loud music    ☐ Yes ☐ No ☐ Don't know ☐ Refused    Click to deselect entry

tools, lawn mowers, farm  
machinery, cars, trucks,  
motorcycles or loud music

Right Ear

5. Do you currently use a hearing aid in your right ear?

☐ Yes ☐ No ☐ Don't know ☐ Refused [Click to deselect entry](#)

6. If "YES" to question 5: How many years have you been using a hearing aid in your right ear?

(Years:Months)

7. If "YES" to question 5: Averaged over the past month, about how many hours per day have you worn your hearing aid in your right ear?

(Hours per day)

8. Have you ever had surgery in your right ear (besides surgery for a pressure equalization [PE] or tympanostomy tube)?

☐ Yes ☐ No ☐ Don't know ☐ Refused [Click to deselect entry](#)

Left Ear

9. Do you currently use a hearing aid in your left ear?

☐ Yes ☐ No ☐ Don't know ☐ Refused [Click to deselect entry](#)

10. If "YES" to question 9: How many years have you been using a hearing aid in your left ear?

(Years:Months)

11. If "YES" to question 9: Averaged over the past month, about how many hours per day have you worn your hearing aid in your left ear?

(Hours per day)

12. Have you ever had surgery in your left ear (besides surgery for a pressure equalization [PE] or tympanostomy tube)?

☐ Yes ☐ No ☐ Don't know ☐ Refused [Click to deselect entry](#)

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**Section Title: Hearing Test****Instructions:****Otoscopic Examination Outcome**Impacted Cerumen: Right Ear☐ Yes ☐ No[Click to deselect entry](#)Impacted Cerumen: Left Ear☐ Yes ☐ No[Click to deselect entry](#)**Audiometric Thresholds**

Tester ID

**Right Ear**☐ Auto ☐ Manual ☐ Both[Click to deselect entry](#)

999 if no response

+/- (+ default)

0.5 KHz (dB)

1 KHz (dB) [Begin at 1KHz](#)**Retest 1 KHz** (dB)

2 KHz (dB)

4 KHz (dB)

8 KHz (dB)

**Left Ear**☐ Auto ☐ Manual ☐ Both[Click to deselect entry](#)

999 if no response

+/- (+ default)

0.5 KHz (dB)

1 KHz (dB) Begin at 1KHz

**Retest 1 KHz** (dB)

2 KHz (dB)

4 KHz (dB)

8 KHz (dB)

Speech Discrimination Score (SDS)

**Right Ear:** CIDW 22 List 1A (% Correct)

**Left Ear:** CIDW 22 List 2A (% Correct)

QuickSIN

Presentation @ 70 dB HL both ears - Practice List A Track 21

+/- (+ default)

List 1 Track 3 (SNR Loss)

List 2 Track 4 (SNR Loss)

Patient Reliability with Audiometric Testing ☐ Good ☐ Fair ☐ Poor Click to deselect entry

Manual Audiometric Test Performed ☐ Yes ☐ No Click to deselect entry

Was hearing test completed? ☐ Yes ☐ No Click to deselect entry

Reason not done:

- ☐ No time
- ☐ Refused
- ☐ Unable
- ☐ Equipment problem
- ☐ No tester
- ☐ Not eligible
- ☐ Not scheduled/Not applicable
- ☐ Impacted cerumen

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**Section Title: Questions**

Instructions: