



SELF REPORTED HEARING AND NOISE EXPOSURE SHORT FORM

ID NUMBER:

FORM CODE: HNES

DATE: 11/11/2019
Version: 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: *To be administered by interviewer.*

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

- Excellent 1
- Good..... 2
- A little trouble 3
- Moderate hearing trouble 4
- A lot of trouble..... 5
- Deaf..... 6

2. Do you currently use a hearing aid or other device in your right ear?

- Yes Y
- No N → **Go to Item 5**
- Other device O

2a. Specify Other Device (cochlear implant, BAHA, etc): _____

3. How many years have you been using a hearing aid or other device in your right ear?

YEARS

4. Averaged over the past month, about how many hours per day have you worn your hearing aid or other device in the right ear?

HOURS

5. Do you currently use a hearing aid or other device in your left ear?

- Yes Y
- No N → **Stop Form**
- Other device O

5a. Specify Other Device (cochlear implant, BAHA, etc): _____

6. How many years have you been using a hearing aid or other device in your left ear?

YEARS

7. Averaged over the past month, about how many hours per day have you worn your hearing aid or other device in the left ear?

HOURS