

HEARING QUESTIONNAIRE - FRAMINGHAM COHORT

Date _____ EDATE

CIRCLE ONE OR MORE ANSWERS FOR EACH QUESTION

Name _____

1. HEARING- DO YOU HAVE A HEARING PROBLEM NOW? YES¹ or NO⁰ Study # _____

EAR-PROB IF YES, IN WHICH EAR: RIGHT¹ or LEFT² or BOTH EARS³ ID # _____ ID

IF YES, DID YOUR HEARING PROBLEM BEGIN GRADUALLY¹ or SUDDENLY²? PROB-BEG

2. HAVE YOU EVER WORN A HEARING AID? YES¹ or NO⁰ HEARING-1

IF YES, IN WHICH EAR: RIGHT¹ or LEFT² or BOTH³ H-AID-EA

ARE YOU STILL USING THE HEARING AID? YES¹ or NO⁰ H-AID-NO

3. HOW MUCH EXPOSURE TO LOUD NOISE HAVE YOU HAD: NONE⁰, SOME¹, or A LOT² EXPOSURE

IF EXPOSED, WHAT WAS THE MAIN SOURCE OF THE NOISE? EXP-NOIS

4. HAVE YOU EVER SHOT GUNS? YES¹ or NO⁰. IF NO, PLEASE GO TO QUESTION 5. SHOT-GUN

IF YES, WHAT KIND: HANDGUN¹, RIFLE¹, SHOTGUN¹ (CIRCLE AS MANY AS APPLY) { KIND-HAN
KIND-RIF
KIND-SHO

DID YOU: HUNT¹, TARGET PRACTICE¹, MILITARY¹. (CIRCLE AS MANY AS APPLY)

5. DID YOU EVER WORK IN LOUD NOISE? YES¹ or NO⁰ WORK-LOU

IF YES, HOW MANY YEARS? less than 1¹, 1-5², 5-10³, 10-15⁴, 16 or more⁵. WORK-NOI

WHAT TYPE OF WORK DID YOU DO? WORK-TYP

6. DO YOUR EARS MAKE NOISE (TINNITUS)? YES¹ or NO⁰ TINNITUS

IF YES, DOES THE NOISE BOTHER YOU? YES¹ or NO⁰ TIN-BOTH

IF YES, DOES THE NOISE KEEP YOU FROM SLEEPING? YES¹ or NO⁰ TIN-SLEE

7. HAVE YOU HAD DIZZY SPELLS IN THE PAST YEAR? YES¹ or NO⁰ DIZZY

DO YOU HAVE A PROBLEM WITH YOUR BALANCE? YES¹ or NO⁰ BALANCE

8. DID YOU EVER HAVE EAR SURGERY? YES¹ or NO⁰ EAR-SURG

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE GIVE THIS FORM TO THE AUDIOLOGIST FOR REVIEW AND BEGIN YOUR HEARING TEST.

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INSTRUCTIONS;

The purpose of this scale is to identify the problems your hearing loss may be causing you. Answer YES, SOMETIMES, or NO for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear without the aid.

	YES (4)	SOME- TIMES (2)	NO (0)
S-1 Does a hearing problem cause you to use the phone less often than you would like? <i>S-1</i>	—	—	—
E-2 Does a hearing problem cause you to feel embarrassed when meeting new people? <i>E-2</i>	—	—	—
S-3 Does a hearing problem cause you to avoid groups of people? <i>S-3</i>	—	—	—
E-4 Does a hearing problem make you irritable? <i>E-4</i>	—	—	—
E-5 Does a hearing problem cause you to feel frustrated when talking to members of your family? <i>E-5</i>	—	—	—
S-6 Does a hearing problem cause you difficulty when attending a party? <i>S-6</i>	—	—	—
E-7 Does a hearing problem cause you to feel "stupid" or "dumb"? <i>E-7</i>	—	—	—
S-8 Do you have difficulty hearing when someone speaks in a whisper? <i>S-8</i>	—	—	—
E-9 Do you feel handicapped by a hearing problem? <i>E-9</i>	—	—	—
S-10 Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? <i>S-10</i>	—	—	—
S-11 Does a hearing problem cause you to attend religious services less often than you would like? <i>S-11</i>	—	—	—
E-12 Does a hearing problem cause you to be nervous? <i>E-12</i>	—	—	—
S-13 Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like? <i>S-13</i>	—	—	—
E-14 Does a hearing problem cause you to have arguments with family members? <i>E-14</i>	—	—	—

	YES	SOME-TIMES	NO
S-15 Does a hearing problem cause you difficulty when listening to TV or radio?	S-15 —	—	—
S-16 Does a hearing problem cause you to go shopping less often than you would like?	S-16 —	—	—
E-17 Does any problem or difficulty with your hearing upset you at all?	E-17 —	—	—
E-18 Does a hearing problem cause you to want to be by yourself?	E-18 —	—	—
S-19 Does a hearing problem cause you to talk to family members less often than you would like?	S-19 —	—	—
E-20 Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	E-20 —	—	—
S-21 Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	S-21 —	—	—
E-22 Does a hearing problem cause you to feel depressed?	E-22 —	—	—
S-23 Does a hearing problem cause you to listen to TV or radio less often than you would like ?	S-23 —	—	—
E-24 Does a hearing problem cause you to feel uncomfortable when talking to friends?	E-24 —	—	—
E-25 Does a hearing problem cause you to feel left out when you are with a group of people?	E-25 —	—	—

FOR CLINICIAN USE ONLY: Total score _____
 Subtotal E _____
 Subtotal S _____

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