

HEARING - Questions list

Introduction: As you age, exposure to sounds over the years can damage the cells of your inner ear, which leads to hearing loss. Hearing can also be impaired in other ways, by infections, loud music, loud machinery, physical trauma, some medications, and genetic predispositions. Hearing difficulties, or even complete and irreversible hearing loss, can have a significant effect on your quality of life. Help us to learn more about hearing impairments by answering this survey.

Question 1: Do you have any difficulty with your hearing?

- Yes
- No

Gender specific: None

Routing rule: (Yes->2 No->15)

Question 2: Do you use hearing aids?

- Yes
- No

Gender specific: None

Routing rule: (Yes->3 No->5)

Question 3: Please tell us for which ear you are using a hearing aid:

- Left ear only
- Right ear only
- Both ears

Gender specific: None

Routing rule: None

Question 4: Do you have a cochlear implant?

- Yes
- No

Gender specific: None

Routing rule: None

Question 5: At what age did you first notice a hearing difficulty?

Age:

Gender specific: None

Routing rule: None

Question 6: How quickly did your hearing difficulty develop?

- Suddenly (over a few days)
- Over a few months
- Over several years
- I do not know

Gender specific: None

Routing rule: None

Question 7: Do you know the reason for your hearing difficulty?

- Yes
- No

Gender specific: None

Routing rule: (Yes->8 No->9)

Question 8: Please tell us the reason for your hearing difficulty. If there is a separate cause for each of your ears, please tell us both.

Please specify:

Gender specific: None

Routing rule: None

Question 9: Nowadays, do you ever get noises like ringing or buzzing in your head or ears (tinnitus) which usually last longer than five minutes?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 10: Have you ever had an ear disease that has caused your hearing to get worse?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 11: Have you ever had an ear operation?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 12: Have you ever suffered from attacks of dizziness in which things seem to spin around you?

- Yes, within the last year
- Yes, more than a year ago
- No

Gender specific: None

Routing rule: None

Question 13: Do you feel unsteady when walking in the dark?

- Yes
- No

Gender specific: None

Routing rule: None

Question 14: Have you ever suffered a hearing loss from meningitis or encephalitis?

- Yes
- No
- I do not know

Gender specific: None

Routing rule: None

Question 15: Are you, or have you been, exposed to loud sound or noise at least once a week? That is, noise so loud you have to shout to make yourself heard by someone more than 1 yard from you?

- Yes
- No

Gender specific: None

Routing rule: (Yes->16 No->19)

Question 16: For how many years have you been exposed to this loud sound?

Years:

Gender specific: None

Routing rule: None

Question 17: How many hours per week have you been exposed to this loud sound?

- 1-3 hours each week
- 3-10 hours each week
- 1-3 hours each day
- More than 3 hours a day

Gender specific: None

Routing rule: None

Question 18: Did you use ear protection?

- Always
- Most of the time
- More than 50 % of the time

- Less than 50 % of the time
- Never

Gender specific: None

Routing rule: None

Question 19: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.
- It was interesting.
- It could use some work.

Gender specific: None

Routing rule: (END)