

# Noise Exposure Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS:**

*Please answer the following questions about yourself, your hearing, and any noise you may have been around during the past year. Write an answer in the blank [\_\_\_\_\_] or check [✓] the best answer to each question.*

**Please answer these questions about any loud sounds.**

### **DURING THE PAST YEAR (12 months):**

1.	<p>Outside of a paid job, how often did you use power tools, chainsaws, or other shop tools?  <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you used power tools, on average, how many hours did each time/session last?  <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p> <p>If you used power tools, how often did you wear earplugs or earmuffs during this activity?  <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>
2.	<p>Outside of a paid job, how often did you drive heavy equipment or use loud machinery (such as tractors, trucks, or farming or lawn equipment like mowers/leaf blowers)?  <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you drove/used loud machinery, on average, how many hours did each time/session last?  <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p> <p>If you drove/used machinery, how often did you wear earplugs or earmuffs during this activity?  <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>
3.	<p>How often did you attend car/truck races, commercial/high school sporting events, music concerts/dances or any other events with amplified public announcement (PA)/music systems?  <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you attended these events, on average, how many hours did each time/session last?  <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p> <p>If you attended these events, how often did you wear earplugs or earmuffs during this activity?  <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>
4.	<p>How often did you ride/operate motorized vehicles such as motorcycles, jet skis, speed boats, snowmobiles, or four-wheelers?  <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you rode motorized vehicles, on average, how many hours did each time/session last?  <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p> <p>If you rode motorized vehicles, how often did you wear earplugs or earmuffs during this activity?  <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>

**Please continue answering these questions about any loud sounds.**

**DURING THE PAST YEAR (12 months):**

5.	<p>How often did you ride in or pilot small aircraft/private airplanes? <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you flew airplanes, on average, how many hours did each time/session last? <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p> <p>If you flew airplanes, how often did you wear earplugs or earmuffs during this activity? <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>
6.	<p>How often were you around or did you shoot firearms such as rifles, pistols, shotguns, etc.? <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you were around/shot firearms, on average, how many shots did you fire each time/session? _____ shotgun/rifle shots per session   _____ pistol shots per session</p> <p>If you were around/shot firearms, how often did you wear earplugs or earmuffs while shooting? <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>
7.	<p>How often did you play a musical instrument? <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you played, please tell us what musical instrument: _____</p> <p>If you played a musical instrument, on average, how many hours did each time/session last? <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p> <p>If you played a musical instrument, how often did you wear earplugs or earmuffs while playing? <input type="checkbox"/> Never   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Always</p>
8.	<p>How often did you listen to music, radio programs, etc. using personal <u>headsets</u> or <u>earphones</u>? <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you listened through earphones, on average, how many hours did each time/session last? <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p>
9.	<p>Other than music concerts and headset use (already covered in questions 3 and 8), how often did you listen to music, radio programs, etc. from audio speakers in a car or at home? <input type="checkbox"/> Never   <input type="checkbox"/> Every few months   <input type="checkbox"/> Monthly   <input type="checkbox"/> Weekly   <input type="checkbox"/> Daily</p> <p>If you listened via speakers, on average, how many hours did each time/session last? <input type="checkbox"/> 8 hours or more   <input type="checkbox"/> 4 hours up to 8 hours   <input type="checkbox"/> 1 hour up to 4 hours   <input type="checkbox"/> Less than 1 hour</p>

**Please Continue to Next Page**

**Please continue answering these questions.**

**NOTE DIFFERENT TIME-FRAMES:**

10.	<p><b>Now think back to this past <u>summer</u>. Over the summer months</b>, did you work a noisy <u>paid</u> job, such as in construction, farming, a factory, lawn service, carwash, or other indoor or outdoor job working around loud equipment or machinery? By noisy job, we mean sounds so loud that you had to shout or speak in a raised voice to be heard at arm's length.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(if no, skip to # 11)</i></p> <p>If yes, please describe this noisy job: _____</p> <p>If you worked a noisy job, please estimate the number of hours you worked in a typical week:</p> <p>_____ hours worked per typical week this summer</p> <p>If you worked a noisy job this summer, did your employer give you earplugs or earmuffs to wear at work?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How often did you wear earplugs or earmuffs when around loud noise at this summer job?</p> <p><input type="checkbox"/> Never    <input type="checkbox"/> Sometimes    <input type="checkbox"/> Always</p>
11.	<p><b><u>Other than during the summer, over the past year</u></b>, did you work one or more noisy <u>paid</u> jobs, such as in construction, farming, a factory, lawn service, carwash, or other indoor or outdoor job working around loud equipment or machinery? By noisy job, we mean sounds so loud that you had to shout or speak in a raised voice to be heard at arm's length.</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No <i>(if no, you're done with the survey)</i></p> <p>If yes, please describe the noisy job(s): _____</p> <p>If you worked a noisy job, please estimate the number of hours you worked in a typical week:</p> <p>_____ average hours worked per typical week during the school year</p> <p>If you worked a noisy job during the school year, did your employer give you earplugs or earmuffs to wear at work?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How often did you wear earplugs or earmuffs when around loud noise at this noisy job?</p> <p><input type="checkbox"/> Never    <input type="checkbox"/> Sometimes    <input type="checkbox"/> Always</p>