



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1. These next questions are about {your/SPs} hearing: Which statement best describes {your/SPs} hearing (without a hearing aid or other listening devices)? Would you say {your/his/her} hearing is excellent, good, that {you have/s/he has} a little trouble, moderate trouble, a lot of trouble, or {are you/is s/he} deaf?

1 EXCELLENT

2 GOOD

3 A LITTLE TROUBLE

4 MODERATE HEARING TROUBLE

5 A LOT OF TROUBLE

6 DEAF

77 REFUSED

99 DONT KNOW

DEFINITIONS:

Deaf means that you cant hear in both ears **without** the use of hearing aids or other devices to help you hear. If you can hear in one ear, you are not deaf.

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Other Listening Devices: Other listening devices are any device you use to help you hear.

They are also called assistive listening devices. These are:

- A pocket talker
- An amplified telephone

- An amplified or vibrating alarm clock
- A light signaler for your doorbell
- A TV headset
- Closed-captioned TV
- TTY (teletypewriter)
- TDD (telecommunications device for the deaf)
- A telephone relay service
- A video relay service
- A sign language interpreter

2. These next questions refer to hearing without the use of a hearing aid or any other listening devices. If {you have/SP has} one ear that is better than the other, please answer the questions for the hearing in {your/SPs} better ear.

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **whispers** to {you/him/her} from across a quiet room?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

3. Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **talks in a normal voice** to {you/him/her} from across a quiet room?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

4. Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **shouts** to {you/him/her} from across a quiet room?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

5. Can {you/SP} usually **hear and understand** what a person says without seeing

his or her face if that person **speaks loudly** into {your/his/her} **better ear**?

INTERVIEWER: IF THE INTERVIEWEE HEARS BETTER IN ONE EAR THAN THE OTHER, RECORD THE RESPONSE FOR SPEAKING LOUDLY INTO THE BETTER EAR.

1 YES

2 NO

7 REFUSED

9 DONT KNOW

6. How often {do you/does SP} find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...

1 always

2 usually

3 about half the time

4 seldom

5 never

7 REFUSED

9 DONT KNOW

7. How often does {your/SPs} hearing cause {you/him/her} to feel frustrated when talking to members of {your/his/her} family or to friends? Would you say...

1 always

2 usually

3 about half the time

4 seldom

5 never

7 REFUSED

9 DONT KNOW

8. {Have you/Has SP} **ever** had 3 or more ear infections? Please include ear infections {you/he/she} may have had when {you were/he was/she was} a child.

1 YES

2 NO

7 REFUSED

9 DONT KNOW

9. {Have you/Has SP} **ever** had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

10. A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat doctors, and trained technicians or occupational nurses. When was the last time {you had/SP had} {your/his/her} hearing tested by a hearing specialist?

READ CATEGORIES IF NECESSARY

1 LESS THAN A YEAR AGO

1 1 YEAR TO 4 YEARS AGO

3 5 TO 9 YEARS AGO

4 TEN OR MORE YEARS AGO

5 NEVER

7 REFUSED

9 DONT KNOW

{Have you/Has SP} **ever** worn a hearing aid or cochlear implant?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

DEFINITIONS:

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

12. Which was it?

CODE ALL THAT APPLY

1 A HEARING AID

2 A COCHLEAR IMPLANT

7 REFUSED

9 DONT KNOW

13. In the past 12 months, how often {have you/has SP} worn a hearing aid?

1 always

2 usually

3 about half the time

4 seldom

5 never

7 REFUSED

9 DONT KNOW

DEFINITIONS:

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

14. {Have you/Has SP} ever used assistive listening devices (ALDs), such as FM systems, closed-captioned television, amplified telephone, relay services, or a sign-language interpreter?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

DEFINITIONS:

Assistive Listening Devices: These are any device you use to help you hear. Other examples include:

TTY (teletypewriter)

TDD (telecommunications device for the deaf)

A pocket talker

An amplified or vibrating alarm clock

A light signaler for your doorbell

A TV headset

15. In the **past 12 months**, {have you/has SP} been bothered by ringing, roaring, or buzzing in {your/his/her} ears or head **that lasts for 5 minutes or more?**

1 YES

2 NO

7 REFUSED

9 DONT KNOW

DEFINITIONS:

Tinnitus (tin-uh-tus) is the medical term for ringing, roaring, or buzzing in the ears or head.

16. How long {have you/has SP} been bothered by this ringing, roaring, or buzzing in {your/his/her} ears or head?

READ CATEGORIES IF NECESSARY

1 LESS THAN THREE MONTHS

2 THREE MONTHS TO A YEAR

3 1 TO 4 YEARS

4 5 TO 9 YEARS

5 TEN OR MORE YEARS

7 REFUSED

9 [] DONT KNOW

17. In the **past 12 months**, how often {have you/has SP} had this ringing, roaring, or buzzing in {your/his/her} ears or head? Would you say...

1 [] almost always

2 [] at least once a day

3 [] at least once a week

4 [] at least once a month

5 [] less frequently than once a month

7 [] REFUSED

9 [] DONT KNOW

18. {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head only after listening to loud sounds or loud music?

1 [] YES

2 [] NO

7 [] REFUSED

9 [] DONT KNOW

19. {Are you/Is SP} **bothered** by ringing, roaring, or buzzing in {your/his/her} ears or head when going to sleep?

1 [] YES

2 [] NO

7 [] REFUSED

9 [] DONT KNOW

20. How much of a problem is this ringing, roaring, or buzzing in {your/his/her} ears or head?

1 [] No problem

2 [] A small problem

3 [] A moderate problem

4 [] A big problem

5 A very big problem

7 REFUSED

9 DONT KNOW

21. This next question is about {your/SPs} use of firearms that {you/he/she} may have used for target shooting, hunting, for {your/his/her} job or in military service. {Have you/Has SP} ever used firearms for any reason?

1 YES

2 NO

7 REFUSED

9 DONT KNOW

DEFINITIONS:

Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

22. How many **total** rounds {have you/has SP} ever fired?

READ CATEGORIES IF NECESSARY

INTERVIEWER: ONE ROUND EQUALS ONE SHOT. INCLUDE TARGET SHOOTING, HUNTING, YOUR JOB, AND MILITARY SERVICE.

1 1 TO LESS THAN 100 ROUNDS

2 100 TO LESS THAN 1000 ROUNDS

3 1000 TO LESS THAN 10,000 ROUNDS

4 10,000 TO LESS THAN 50,000 ROUNDS

5 50,000 ROUNDS OR MORE

7 REFUSED

9 DONT KNOW

23. How often {did you/did SP} wear hearing protection devices (ear plugs, ear muffs) when shooting firearms?

1 always

2 usually

3 about half the time

4 seldom

5 never

7 REFUSED

9 DONT KNOW

DEFINITIONS:

Protective Hearing Device: These protect you from noise that is so loud that it might damage your hearing. Examples are ear plugs, protective earmuffs, or special headphones.

These next questions are about noise exposure {you/SP} may have had at work.

24. {Have you/Has SP} **ever had a job, or combination of jobs** where {you were/s/he was} exposed to loud sounds or noise for **4 or more hours a day, several days a week?** Loud means so loud that {you/s/he} must speak in a raised voice to be heard.

1 YES

2 NO

3 NEVER WORKED

7 REFUSED

9 DONT KNOW

25. For how many months or years {have you/has SP} been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week?

READ CATEGORIES IF NECESSARY

1 LESS THAN 3 MONTHS

2 3 TO 11 MONTHS

3 1 TO 2 YEARS

4 3 TO 4 YEARS

5 5 TO 9 YEARS

6 10 TO 14 YEARS

7 15 OR MORE YEARS

77 [] REFUSED

99 [] DONT KNOW

26. In {your/SPs} work {were you/was he/was she} exposed to **very loud noise**? **Very loud noise** is noise that is so loud {you have/he has/she has} to shout in order to be understood by someone standing 3 feet away from {you/him/her}.

1 [] YES

2 [] NO

7 [] REFUSED

9 [] DONT KNOW

27. This next question is about {your/SPs} work in jobs where there was **very loud noise for 4 or more hours a day, several days a week**. Please give me the total number of months or years for all jobs where this has happened.

READ CATEGORIES IF NECESSARY

1 [] LESS THAN 3 MONTHS

2 [] 3 TO 11 MONTHS

3 [] 1 TO 2 YEARS

4 [] 3 TO 4 YEARS

5 [] 5 TO 9 YEARS

6 [] 10 TO 14 YEARS

7 [] 15 OR MORE YEARS

77 [] REFUSED

99 [] DONT KNOW

28. **Outside of a job**, {have you/has SP} **ever** been exposed to **very loud noise or music for 10 or more hours a week**? This is noise so loud that {you have/s/he has} to shout to be **understood or heard 3 feet away**. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motor boats, or loud music.

1 [] YES

2 [] NO

3 [] NEVER WORKED

7 [] REFUSED

9 [] DONT KNOW

29. **In the past 12 months**, how often {did you/did SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to very loud sounds or noise? Please include both on the job and off the job exposures.

DEFINITIONS: Protective Hearing Device: These protect you from noise that is so loud that it might damage your hearing. Examples are ear plugs, protective earmuffs, or special headphones.

1 [] ALWAYS

2 [] USUALLY

3 [] ABOUT HALF THE TIME

4 [] SELDOM

5 [] NEVER

6 [] NO NOISE EXPOSURE PAST 12 MONTHS

77 [] REFUSED

99 [] DONT KNOW

Protocol source: <https://www.phenxtoolkit.org/protocols/view/250201>