

HEARING ABILITY

FY 1963

HEARING ABILITY SUPPLEMENTARY QUESTIONNAIRE

Budget Bureau No. 68-R620.58; Approval Expires September 30, 1963

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FORM NHS-D-1 (10-21-62)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE	
NATIONAL HEALTH SURVEY (Hearing Ability)		SAMPLE PSU SEGMENT SERIAL COL
Name of person for whom this form should be filled out		
GENERAL INSTRUCTIONS		
Please answer all of the questions in this form that apply to you. Most of the questions can be answered by checking one of the boxes, like this: <input checked="" type="checkbox"/> . In some of the questions, more than one box may be checked for your answer. In a few questions, a number (such as age) is asked for. In a few others, a written description or explanation is required.		
If the person for whom the information is requested is a child, a parent or guardian should answer the questions for him or her.		
SECTION A <i>(Please do not omit any part of Questions 1 and 2 even though one or more of the statements may not appear to be directly related to your present ability to hear.)</i>		
1. WITHOUT using a hearing aid, what can you hear? <i>(Please check the "Yes" or "No" box after each statement.)</i>	Yes	No
I can hear loud noises.		
Most of the time I can tell one kind of noise from another.		
If I hear a sound, most of the time I can tell if it is a person's voice or not.		
I can hear and understand a few words a person says if I can see his face and lips.		
I can hear and understand a few words a person says without seeing his face and lips.		
I can hear and understand most of the things a person says if I can see his face and lips.		
I can hear and understand most of the things a person says without seeing his face and lips.		
Most of the time I can hear and understand a discussion between several people without seeing their faces and lips.		
I can hear and understand a telephone conversation on an ordinary telephone (that is a telephone without an amplifier).		
2. Please describe how well you can hear, without using a hearing aid, by checking one of the statements below for each ear. For example, a person who is deaf in his left ear and has good hearing in his right ear would check the following: In left ear - box (d); in right ear - box (e).		
In left ear		In right ear
(a) <input type="checkbox"/> My hearing is good		(e) <input type="checkbox"/> My hearing is good
(b) <input type="checkbox"/> I have a little trouble hearing		(f) <input type="checkbox"/> I have a little trouble hearing
(c) <input type="checkbox"/> I have a lot of trouble hearing		(g) <input type="checkbox"/> I have a lot of trouble hearing
(d) <input type="checkbox"/> I am deaf		(h) <input type="checkbox"/> I am deaf
If you have checked that your hearing is good in both ears - (a) and (e) checked, skip the questions on Pages 2 and 3 and turn to Section D on Page 4.		
If you have any trouble hearing at all, please go on and answer the questions that follow on Pages 2 and 3.		

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3. How old were you when you began to have hearing trouble or grow deaf?
(Please check the first box that applies and enter year as appropriate.)

At birth I was about _____ years old.
 I was less than one year old. I am not sure, but I know it was before I was _____ years old.

4.(a) Since your hearing trouble began, has your hearing gotten WORSE, has it improved, or is it just about the same? *(Please check one box.)*

My hearing is now worse than when I first began to have hearing trouble.
 My hearing is now better than when I first began to have hearing trouble.
 My hearing is just about the same as when I first began to have hearing trouble.

(If you have checked that your hearing has gotten worse, please answer the following question.)

(b) How old were you when it got as poor as it is now?
(Please check the first box that applies and enter year as appropriate.)

I was about _____ years old.
 I am not sure, but I know it was before I was _____ years old.
 Neither of the above applies -- it is getting worse all the time.

5. What was the cause of your hearing trouble or deafness?

It was caused by a sickness, illness or disease. I was born deaf or with poor hearing.
 What illness? _____ Something else caused it.

It was caused by an accident or injury. *(Please describe it)* _____
 What kind of injury was it? _____

How did it happen? _____ I don't know what caused it.

6. Besides your hearing trouble or deafness, do you have any other trouble with your ear?

Yes No

If "Yes,"
 What kind of trouble? *(Please check as many boxes as apply.)*

Noises or ringing in the head or ear Dizziness
 Itches or pains in the ear Any other trouble. What kind? _____
 Running ears

7.(a) At work or school and at home, what are all the ways you use to tell other people what you want?
(Please check each way that you use.)

I talk to them. I use sign language.
 I write notes. Some other way. How? _____
 I spell with my fingers.

(b) Please put a circle around the way you use the most.

8.(a) At work or school and at home, what are all the ways other people use to tell you what they want?
(Please check each way that they use.)

They talk to me. They use sign language.
 They write notes. Some other way. How? _____
 They spell with their fingers.

(b) Please put a circle around the way they use the most.

9. Have you ever attended a school or class for those with poor hearing or a school or class for the deaf? Yes No

10. Have you ever had any training in lip reading (speech reading)? Yes No

11. Have you ever had any training in speech or speech correction because of your poor hearing or deafness? Yes No

12. Have you ever had any training in hearing (lessons to help you understand better what you hear)? Yes No

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(The questions in this section refer to the use of hearing aids.)

13. Have you ever tried a hearing aid? Yes No (If "No," skip to Section D on Page 4)

14. Have you ever had a hearing aid for your own use? Yes No (If "No," skip to Section D on Page 4)

15. (a) If you have a hearing aid NOW, please check here AND check one of the boxes below to indicate when you got it.

If you do NOT have a hearing aid NOW, please check here AND check one of the boxes below to indicate when you got the last one you had.

When did you get it?

- This year (1962) 6 - 10 years ago
 Last year (1961) More than 10 years ago
 2 - 5 years ago

The remaining parts of Question 15 apply to your present hearing aid if you have one now. If you do not have a hearing aid now, they apply to the last hearing aid you had.

(b) What kind of hearing aid is (was) it? (Please check one box)

Air conduction Fits into one ear Fits against one side of the head
 Fits into both ears at the same time Bone conduction Fits against both sides of the head at the same time

(c) Where are (were) the amplifier and batteries worn when you use (used) the hearing aid? (Please check one box)

Above the neck Below the neck

(d) Why did you choose this (that) particular kind of hearing aid? (Please check one box)

- It was prescribed by a medical doctor It was advised by a hearing aid dealer
 It was prescribed by a hearing clinic Some other reason (Please explain)
 A friend or relative told me about it _____
 I saw it advertised _____

(e) About how long did it take to get used to it? (Please check one box)

- Less than one month More than six months
 One to six months Never have gotten used to it

16. (a) Do you use a hearing aid now? Yes No (If "No," skip to Section D on page 4)

(b) How much do you use it? (Please check one box on each line) (If you do not work, go to school, etc., check the "Does not apply" column.)

	Does not apply	Most of the time	Once in a while	Never
At work?				
At school?				
At church?				
At the movies?				
Listening to radio or TV?				
At home?				

(c) How well satisfied are you with the hearing aid you are now using? (Please check one box)

- Very well satisfied Fairly well satisfied Not satisfied at all

Question 17 of Section C on Page 4

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17. WITH your hearing aid, what can you hear? (Please check the "Yes" or "No" box after each statement)	Yes	No
I can hear loud noises.		
Most of the time I can tell one kind of noise from another.		
If I hear a sound, most of the time I can tell if it is a person's voice or not.		
I can hear and understand a few words a person says if I can see his face and lips.		
I can hear and understand a few words a person says without seeing his face and lips.		
I can hear and understand most of the things a person says if I can see his face and lips.		
I can hear and understand most of the things a person says without seeing his face and lips.		
Most of the time I can hear and understand a discussion between several people without seeing their faces and lips.		
I can hear and understand a telephone conversation on any telephone.		
SECTION D		
18. Has your hearing ever been tested by a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to Question 19)		
(a) About how long ago was your hearing LAST tested by a medical doctor? (Please check one box)		
<input type="checkbox"/> This year (1962)	<input type="checkbox"/> 4 - 5 years ago	
<input type="checkbox"/> Last year (1961)	<input type="checkbox"/> 6 - 10 years ago	
<input type="checkbox"/> 2 - 3 years ago	<input type="checkbox"/> More than 10 years ago	
(b) Was the doctor who last tested your hearing an ear specialist or was he a general family doctor? (Please check one box).		
<input type="checkbox"/> Doctor who was an ear specialist	<input type="checkbox"/> I don't know	
<input type="checkbox"/> General family doctor		
(c) About how old were you when your hearing was FIRST tested by a medical doctor?		
I was about _____ years old.		
I don't know, but it was before I was _____ years old.		
19. Is your hearing tested regularly, for example, once or twice a year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Has your hearing ever been tested with an audiometer (with earphones)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments - (Please use this space or attach an additional sheet of paper for any additional remarks you may have about your hearing.)		
Name of person who filled out this form	Telephone No.	