

Section N — HEARING		PERSON 1
<b>ITEM N1</b>	<input type="checkbox"/> HIS-1 page 25 questions asked (N2) <input type="checkbox"/> HIS-1 page 25 questions not asked (HIS-1 page 25)	
<b>ITEM N2</b>	Mark first appropriate box	<b>N2</b>
<p>Hand Card N. Read answer categories if telephone interview. If "HA" marked, read parenthetical.  <b>Now I will ask some questions about hearing.</b></p>		5
<p><b>1 a.</b> Which statement best describes — hearing in — LEFT ear (without a hearing aid)?</p> <p>-----</p> <p><b>b.</b> Which statement best describes — hearing in — RIGHT ear (without a hearing aid)?</p>	<p>1 <input type="checkbox"/> HP and/or HA marked (1)            2 <input type="checkbox"/> 3 + years old (4)            3 <input type="checkbox"/> Under 3 (NP)</p>	6
<p><b>1 a.</b> Good Little trouble Lot of trouble Deaf</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>		7
<p><b>b.</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>		8
<p>Mark box or ask.</p> <p><b>2 a.</b> (Without a hearing aid) Can — usually HEAR AND UNDERSTAND what a person says without seeing his face if that person WHISPERS to — from across a quiet room?</p>		<p>0 <input type="checkbox"/> Under 3 (Item N3)            1 <input type="checkbox"/> Yes (3a) 2 <input type="checkbox"/> No</p>
<p><b>b.</b> (Without a hearing aid) Can — usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to — from across a quiet room?</p>		<p>1 <input type="checkbox"/> Yes (3a) 2 <input type="checkbox"/> No</p>
<p><b>c.</b> (Without a hearing aid) Can — usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to — from across a quiet room?</p>		<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No</p>
<p><b>d.</b> (Without a hearing aid) Can — usually HEAR AND UNDERSTAND a person if that person SPEAKS LOUDLY into — better ear?</p>		<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No (3b)</p>
<p><b>3 a.</b> How old was — when — began to have trouble hearing?</p> <p>-----</p> <p><b>b.</b> How old was — when — began to have serious trouble hearing or became deaf?</p> <p>-----</p> <p><b>c.</b> Was it before or after — 19th birthday?</p> <p>-----</p> <p><b>d.</b> Was it before or after — 3rd birthday?</p>	<p><b>3 a. and b.</b></p> <p>00 <input type="checkbox"/> At birth            01 <input type="checkbox"/> Less than 1 year old } (4a)                  _____ Years old            88 <input type="checkbox"/> No trouble (4a)            99 <input type="checkbox"/> DK (3c)</p>	12-13
<p><b>c.</b> 1 <input type="checkbox"/> Before            2 <input type="checkbox"/> After } (4a)            9 <input type="checkbox"/> DK</p>		14
<p><b>d.</b> 1 <input type="checkbox"/> Before            2 <input type="checkbox"/> After            9 <input type="checkbox"/> DK</p>		15
<p><b>4 a.</b> At any time over the past 12 months, has — ever noticed ringing in the ears, or has — been bothered by other funny noises in — ears or head?</p> <p>-----</p> <p><b>b.</b> Does — notice this ringing or funny noise all the time, every few days or less often?</p> <p>-----</p> <p><b>c.</b> When it does occur, does it bother — quite a bit, just a little or not at all?</p> <p>-----</p> <p><b>d.</b> How old was — when — began to have this ringing or funny noise?</p>	<p><b>4 a.</b></p> <p>1 <input type="checkbox"/> Yes            2 <input type="checkbox"/> No } (Item N3)            9 <input type="checkbox"/> DK</p>	16
<p><b>b.</b> 1 <input type="checkbox"/> All the time            2 <input type="checkbox"/> Every few days            3 <input type="checkbox"/> Less often            9 <input type="checkbox"/> DK</p>		17
<p><b>c.</b> 1 <input type="checkbox"/> Quite a bit            2 <input type="checkbox"/> Just a little            3 <input type="checkbox"/> Not at all            9 <input type="checkbox"/> DK</p>		18
<p><b>d.</b> _____ Years old            99 <input type="checkbox"/> DK</p>		19-20
<b>ITEM N3</b>	<p><b>a.</b> Mark first appropriate box.</p> <p>-----</p> <p><b>b.</b> Enter person number(s) of respondent(s) to this section.</p>	<p><b>N3</b></p> <p>0 <input type="checkbox"/> Under 17            1 <input type="checkbox"/> Present for all questions            2 <input type="checkbox"/> Present for some questions            3 <input type="checkbox"/> Not present</p>
		21
		22-23
		Person number(s) of respondent(s)

## H. HEARING CONDITIONS

<b>H1</b>	1 <input type="checkbox"/> Condition list 2 asked (H2) 8 <input type="checkbox"/> Other (1)	FOOTNOTES
<b>H2</b>	1 <input type="checkbox"/> Any CL LTR A or B in C2 (Mark "HP" box for appropriate person(s), THEN 3) 8 <input type="checkbox"/> Other (3)	
<b>1a. Does anyone in the family NOW have deafness in one or both ears?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (2)		
<b>b. Who is this?</b> Enter "deafness" (or the condition) and "XX" in appropriate person's column and mark HP box.		
<b>c. Does anyone else NOW have deafness in one or both ears?</b> <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No		
<b>2a. Does anyone in the family NOW have any other trouble hearing with one or both ears?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (3)		
<b>b. Who is this?</b> Enter "trouble hearing" (or the condition) and "YY" in appropriate person's column and mark HP box.		
<b>c. Does anyone else NOW have any other trouble hearing with one or both ears?</b> <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No		
<b>3a. Does anyone in the family NOW use a hearing aid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Hospital page) <input type="checkbox"/> DK (Hospital page)		
<b>b. Who is this?</b> Ask: For what condition does — need this? Enter the condition and "ZZ" in appropriate person's column and mark "HA" box.		
<b>c. Does anyone else NOW use a hearing aid?</b> <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No (Hospital page)		

## CARD N

1. Good
2. Little trouble
3. Lot of trouble
4. Deaf

M3

N

(Cut along broken line)