### Section N — HEARING

<table>
<thead>
<tr>
<th>ITEM N1</th>
<th>HIS-1 page 25 questions asked (N2)</th>
<th>HIS-1 page 25 questions not asked (HIS-1 page 25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITEM N2</td>
<td>Mark first appropriate box</td>
<td></td>
</tr>
</tbody>
</table>

Hand Card N. Read answer categories if telephone interview. If "HA" marked, read parenthetical.

Now I will ask some questions about hearing.

1. Which statement best describes hearing in **LEFT** ear (without a hearing aid)?
   - a. [ ]
   - b. [ ]

2. (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?
   - a. [ ]
   - b. [ ]
   - c. [ ]
   - d. [ ]

3. How old was **-** when **-** began to have trouble hearing?
   - a. [ ]
   - b. [ ]
   - c. [ ]
   - d. [ ]

4. 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?
   - a. [ ]
   - b. [ ]
   - c. [ ]
   - d. [ ]

5. Enter person number(s) of respondent(s) to this section.
   - a. [ ]
   - b. [ ]

Person number(s) of respondent(s)
## H. HEARING CONDITIONS

### H1
- [ ] 1. Condition list 2 asked (H2)
- [ ] Other (1)

### H2
- [ ] 1. Any CL, LTR A or B in C2 (Mark "HP" box for appropriate person(s), THEN 3)
- [ ] Other (2)

#### 1a. Does anyone in the family NOW have deafness in one or both ears?
- [ ] Yes
- [ ] No (2)

b. **Who is this?**
   Enter "deafness" (or the condition) and "XX" in appropriate person's column and mark HP box.

c. **Does anyone else NOW have deafness in one or both ears?**
- [ ] Yes (Reask 1b and c)
- [ ] No

#### 2a. Does anyone in the family NOW have any other trouble hearing with one or both ears?
- [ ] Yes
- [ ] No (3)

b. **Who is this?**
   Enter "trouble hearing" (or the condition) and "YY" in appropriate person's column and mark HP box.

c. **Does anyone else NOW have any other trouble hearing with one or both ears?**
- [ ] Yes (Reask 2b and c)
- [ ] No

#### 3a. Does anyone in the family NOW use a hearing aid?
- [ ] Yes
- [ ] No (Hospital page)
- [ ] DK (Hospital page)

b. **Who is this?**
   Ask: For what condition does —- need this?
   Enter the condition and "ZZ" in appropriate person's column and mark "HA" box.

c. **Does anyone else NOW use a hearing aid?**
- [ ] Yes (Reask 3b and c)
- [ ] No (Hospital page)
CARD M1

1. Already installed/no payment
2. Gift
3. Self or family
4. Private health insurance
5. Medicare
6. Medicaid
7. Rehabilitation program
8. Employer
9. School system
10. VA program
11. Other private source
12. Other public source

CARD M2

<table>
<thead>
<tr>
<th>BRACES</th>
<th>AIDS FOR GETTING AROUND</th>
<th>HEARING DEVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Leg brace</td>
<td>08 Crutches</td>
<td>15 Hearing aid</td>
</tr>
<tr>
<td>02 Foot brace</td>
<td>09 Cane or walking stick</td>
<td>16 TDD or TTY</td>
</tr>
<tr>
<td>03 Arm brace</td>
<td>10 Walker</td>
<td>17 Special alarms</td>
</tr>
<tr>
<td>04 Hand brace</td>
<td>11 Manual wheelchair</td>
<td>18 Other hearing equipment</td>
</tr>
<tr>
<td>05 Neck brace</td>
<td>12 Electric wheelchair</td>
<td></td>
</tr>
<tr>
<td>06 Back brace</td>
<td>13 Scooter</td>
<td></td>
</tr>
<tr>
<td>07 Other brace</td>
<td>14 Other aid for getting around</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VISION DEVICES</th>
<th>ARTIFICIAL LIMBS</th>
<th>OTHER DEVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 White cane</td>
<td>21 Artificial leg or foot</td>
<td>23 Aid for speech problems</td>
</tr>
<tr>
<td>20 Other vision aid, excluding glasses and contact lenses</td>
<td>22 Artificial arm or hand</td>
<td>24 Specially adapted typewriter or computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25 Other devices for disabilities</td>
</tr>
</tbody>
</table>

CARD M3

1. Ramps
2. Extra wide doors or passages
3. Elevators or stair-lifts (do not include public elevators in apartment buildings)
4. Handrails or grab bars other than normal handrails on staircases
5. Raised toilet
6. Levers, push bars, or SPECIAL knobs on doors
7. Lowered counters
8. Special slip-resistant floors
9. Any other SPECIAL features designed for disabled persons
10. No features

CARD N

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