Telephone Introduction for Patient Interviews

NOISE-INDUCED HEARING LOSS

1. Hello, my name is ________________. I’m calling for Mr./Ms./Mrs. ________________. Is he/she in?

   (NO) I’m calling on behalf of the State of Michigan. When do you expect him/her home?
       Please tell him/her I called. Here is my toll-free phone number: 1-800-446-7805.

   (YES) I’m calling on behalf of the State of Michigan. We are doing a special investigation into
       work-related hearing loss. Recently we sent you a letter asking for your help with this
       investigation.

2. Do you remember receiving the letter?

   (YES) Good. I’d like to take a moment to describe what you can do to help. (GO TO part 3)

   (NO) Let me see...I see that we mailed the letter to you on (date) to (address). Is that your
       correct mailing address? If not, I will send you another copy of the letter. While I have
       you on the phone, let me explain briefly what the letter is about. (GO TO part 3)

3. Your participation in this investigation is completely voluntary. If you decide to participate, I will go
   through a questionnaire by phone. This takes approximately 15 minutes, and would complete your
   participation in the investigation. You indicate your voluntary participation by answering the questions.
   You can end your participation or refuse to answer individual questions at any time. All information
   you give us will be kept confidential. We do not share information from this investigation with any
   employers or insurance companies. The State of Michigan will use this information to understand more
   about work-related hearing loss and what can be done to prevent others from losing their hearing. If
   you are still working at the location where you developed this work-related condition, you may benefit
   if the results of this investigation lead to changes in your workplace.

4. Will you help us by participating in this questionnaire?

   (YES) Great, I will begin the questions now. (If as you start they indicate this isn’t a good time,
       arrange a time to call back.)

   (NO) I see. May I ask what your concerns are?
Please complete the following questionnaire to the best of your knowledge. If you have any questions or if you wish to complete the questionnaire over the telephone, please call Dr. Kenneth Rosenman or his staff at their toll-free telephone number: 1-800-446-7805.

BACKGROUND INFORMATION

1. Please confirm the spelling of your name:
   First ____________________  Middle ________________  Last ____________________

2. Please confirm your address:
   ____________________________
   City _______________________  County ___________  State ____________  Zip ________

3. Please confirm your home phone number:
   ( ) ____________ - ______________

4. What is your social security number?
   ___ ___ ___ - ___ ___ - ___ ___ ___ ___

DEMOGRAPHIC INFORMATION

5. What is your gender?
   Male 1  Female 2

6. What is your date of birth?
   ____ ____ - ____ ____ - ____ ____ ____

7. How would you be classified—the choices are:
   White 1  Alaskan/American Indian 6
   African American 2  African American Hispanic 7
   Asian/Pacific Islander 3  Other Hispanic* 8
   White Hispanic 4  DK 9
   Other* 5

*If OTHER, please specify:
   ________________________________

8. Did you ever serve in the military?
   No 1  Yes 2  DK 9

If YES:

8a. In what branch did you serve?
   Air Force 1  Navy 5
   Army 2  Coast Guard 6
   Marines 3  Foreign 7
   National Guard 4  Other 8
   DK 9

8a. If OTHER, specify: __________________________

8b. For how many years did you serve? (from ____ to ____)
   _____ _____ total # years

8c. Were you exposed to noise in the military?
   No 1  Yes 2  DK 9

8d. If 8c=YES, for how many years were you exposed to noise?
   _____ _____ total # years
HEALTH HISTORY

9. Did a doctor or other health care provider tell you that you had a loss in your hearing?  
   9.  No  1    Yes  2    DK  9

   If YES:

   9a. What did he or she tell you was the reason for it?

   ______________________________________________

10. Are you bothered by ringing, roaring or buzzing in your ears?  
    10. No  1    Yes  2    DK  9

   If YES:

   10a. What year did this begin?  
        10a. ___  ___  ___  ___ (CCYY)

   10b. How often?  
        10b. Daily  1
                Weekly  2
                Monthly  3
                Seldom  4
                DK  9

11. Has a health care provider told you that you have high blood pressure?  
    11. No  1    Borderline  3    Yes  2    DK  9

   If YES or BORDERLINE:

   11a. What year were you first told?  
        11a. ___  ___  ___  ___  (CCYY)

   11b. Do you take medication for your blood pressure?  
        11b. No  1    Yes  2    DK  9

12. Has a health care provider told you that you have high cholesterol (fat) in your blood?  
    12. No  1    Borderline  3    Yes  2    DK  9

   If YES or BORDERLINE:

   12a. What year were you first told?  
        12a. ___  ___  ___  ___  (CCYY)

13. Has a health care provider told you that you have diabetes?  
    13. No  1    Borderline  3    Yes  2    DK  9

   If YES or BORDERLINE:

   13a. What year were you first told?  
        13a. ___  ___  ___  ___  (CCYY)

HEALTH HABITS

14. Do you take pain, headache or arthritis medicine?  
    14. No  1    Yes  2    DK  9

   If YES:

   14a. How often have you used in the last 5 years?  
        14a. Daily  1
                Weekly  2
                Monthly  3
                Seldom  4
                Never  5
                DK  9

15. Have you ever smoked cigarettes? (No means less than 4 packs of cigarettes or 12 oz. of tobacco in a lifetime)  
    15. No  1    Yes  2    DK  9

   If YES:

   15a. Do you now smoke cigarettes?

   15a. No  1    Yes  2    DK  9
### LIFETIME OCCUPATIONAL HISTORY—Part I

Please complete the following table below for all jobs where you were exposed to noise. Start with your most recent noisy job and go back to your first noisy job.

<table>
<thead>
<tr>
<th>CO</th>
<th>Workplace</th>
<th>Dates Worked</th>
<th>Noise Exposure</th>
<th>Hearing Testing</th>
<th>Hearing Protection</th>
<th>Work Injuries</th>
<th>Other Exposures</th>
</tr>
</thead>
</table>
Continued from previous page...

**LIFETIME OCCUPATIONAL HISTORY—Part I**

Please complete the following table below for *all jobs where you were exposed to noise*. Start with your most recent noisy job and go back to your first noisy job.

<table>
<thead>
<tr>
<th>WORKPLACE</th>
<th>TYPE OF INDUSTRY</th>
<th>DATES WORKED</th>
<th>NOISE EXPOSURE</th>
<th>HEARING TESTING</th>
<th>HEARING PROTECTION</th>
<th>CO SIZE</th>
<th>WORK INJURIES</th>
<th>OTHER EXPOSURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name, City and State</td>
<td>What do they door manufacture?</td>
<td>From Year</td>
<td>To Year</td>
<td>Was it noisy every day?</td>
<td>When it was noisy was it 50% of the time?</td>
<td>Did the company give you a hearing test when you first started working there?</td>
<td>Did the company give you a hearing test on a regular basis?</td>
<td>Were you given hearing protection?</td>
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<tr>
<td>6. NEXT JOB</td>
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</table>
**LIFETIME OCCUPATIONAL HISTORY—Part II**

*INTERVIEWER: only ask this section if the original report was made by a non-company doctor (see Summary Sheet in chart: “CD? N”)*

For *all companies where you were exposed to noise after 2000*, please answer these additional questions:

<table>
<thead>
<tr>
<th>WORKPLACE</th>
<th>What is/was the department where you were exposed to noise?</th>
<th>How are/were you exposed to noise in this department?</th>
<th>What tools, operations, machines, or processes if any, do/did you work with or run at this company that are/were noisy?</th>
<th>Is this company still in business at this location?</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ # from Part I</td>
<td></td>
<td></td>
<td></td>
<td>No 1</td>
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<td>Yes 2</td>
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<td></td>
<td>DK 9</td>
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<tr>
<td>___ # from Part I</td>
<td></td>
<td></td>
<td></td>
<td>No 1</td>
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<td>Yes 2</td>
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<td>No 1</td>
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<td>DK 9</td>
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<td>___ # from Part I</td>
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<td>Yes 2</td>
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<td>DK 9</td>
</tr>
</tbody>
</table>
NON-WORK NOISE EXPOSURES

19. Do/did you do any of the following on a regular basis?
   If YES, estimate years and indicate if you used hearing protection when doing.

19a. Hunting?
   If YES:
   19a-1. From __________ to __________
   19a-2. Use Hearing Protection?
   19a-3. If ALWAYS or USUALLY, year began:

19b. Target shooting?
   If YES:
   19b-1. From __________ to __________
   19b-2. Use Hearing Protection?
   19b-3. If ALWAYS or USUALLY, year began:

19c. Snowmobiling?
   If YES:
   19c-1. From __________ to __________
   19c-2. Use Hearing Protection?
   19c-3. If ALWAYS or USUALLY, year began:

19d. Hobby with power tools?
   If YES:
   19d-1. From __________ to __________
   19d-2. Use Hearing Protection?
   19d-3. If ALWAYS or USUALLY, year began:

19e. Chain saw?
   If YES:
   19e-1. From __________ to __________
   19e-2. Use Hearing Protection?
   19e-3. If ALWAYS or USUALLY, year began:

19f. Listening to loud music?
   If YES:
   19f-1. From __________ to __________
   19f-2. Use Hearing Protection?
   19f-3. If ALWAYS or USUALLY, year began:

19g. Motor boat/jet ski?
   If YES:
   19g-1. From __________ to __________
   19g-2. Use Hearing Protection?
   19g-3. If ALWAYS or USUALLY, year began:

19h. Lawn work with power tools?
   If YES:
   19h-1. From __________ to __________
   19h-2. Use Hearing Protection?
   19h-3. If ALWAYS or USUALLY, year began:

19i. Other? Specify: ____________________________
   If YES:
   19i-1. From __________ to __________
   19i-2. Use Hearing Protection?
   19i-3. If ALWAYS or USUALLY, year began:

Thank you!
**NOTE:** Values should only be in increments of ‘5s’. Please use 2-digits for each (i.e., 5 = 05, 0 = 00, etc); if the value is >= 100, then use 3-digits. *This is very important for data entry!*

<table>
<thead>
<tr>
<th>Hz</th>
<th>RIGHT EAR ‘O’ dB*</th>
<th>LEFT EAR ‘X’ dB*</th>
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</thead>
<tbody>
<tr>
<td>250</td>
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*Read audiogram for AIR CONDUCTION.*