

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?

**KNOWN OR SUSPECTED OCCUPATIONAL
NOISE-INDUCED HEARING LOSS QUESTIONNAIRE**

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.

<p>Office Use Only</p> <p>ID # N ____ _</p> <p>Dx Code: ____</p> <p>Iview Date: ____ - ____ - ____</p> <p>Interviewer: ____ _ (initials)</p>

BACKGROUND INFORMATION

- Please confirm the spelling of your name:

 First Middle
- Please confirm your address:

 City County State Zip
- Please confirm your home phone number:
 () _____ - _____

1. _____
Last

4. What is your social security number?

4. ____ - ____ - ____

DEMOGRAPHIC INFORMATION

- What is your gender?
- What is your date of birth?
- How would you be classified—the choices are:
 *If OTHER, please specify:

- Male 1 Female 2
- ____ - ____ - ____
- | | | | |
|------------------------|---|---------------------------|---|
| 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 | | |

8. Did you ever serve in the military?
If YES:

8. No 1 Yes 2 DK 9

8a. In what branch did you serve?
If OTHER, specify: _____

- 8a. Air Force 1 Navy 5
 Army 2 Coast Guard 6
 Marines 3 Foreign 7
 National Guard 4 Other 8
 DK 9

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

8b. ____ total # years

8c. Were you exposed to noise in the military?

8c. No 1 Yes 2 DK 9

8d. If 8c=YES, for how many years were you exposed to noise?

8d. ____ 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

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.

WORKPLACE	TYPE OF INDUSTRY	DATES WORKED		NOISE EXPOSURE		HEARING TESTING		HEARING PROTECTION				CO SIZE	WORK INJURIES	OTHER EXPOSURES
		From- Year	To- Year	Was it noisy every day?	When it was noisy, was it noisy all day long? (Yes= ≥50% of the time)	Did the company give you a hearing test when you first started working there?	Did the company give you a hearing test on a regular basis? If YES, beginning what year?	Were you given hearing protection?	If YES, what type(s) (circle all that apply)	If YES, how often did you use?	If ALMOST ALWAYS or USUALLY, when did you begin to use hearing protection?			
6. NEXT JOB	What do they do or manufacture?	From- Year	To- Year	All the time Most of time Sometimes Seldom Rarely/ Never DK	No Yes DK CCYY	No Yes DK CCYY	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	<25 25-100 100-500 >500 Unknown-9	No Yes DK # times	Lead Toluene Xylene Acetone MEK Trichloroethylene Trichloroethane Perchloroethylene Styrene Other Solvents Pesticides DK	
		Company Name, City and State	Were you exposed to any of the following substances at this company? (circle all that apply)											
7. NEXT JOB	What do they do or manufacture?	From- Year	To- Year	All the time Most of time Sometimes Seldom Rarely/ Never DK	No Yes DK CCYY	No Yes DK CCYY	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	<25 25-100 100-500 >500 Unknown-9	No Yes DK # times	Lead Toluene Xylene Acetone MEK Trichloroethylene Trichloroethane Perchloroethylene Styrene Other Solvents Pesticides DK	
		Company Name, City and State	Were you exposed to any of the following substances at this company? (circle all that apply)											
8. NEXT JOB	What do they do or manufacture?	From- Year	To- Year	All the time Most of time Sometimes Seldom Rarely/ Never DK	No Yes DK CCYY	No Yes DK CCYY	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	<25 25-100 100-500 >500 Unknown-9	No Yes DK # times	Lead Toluene Xylene Acetone MEK Trichloroethylene Trichloroethane Perchloroethylene Styrene Other Solvents Pesticides DK	
		Company Name, City and State	Were you exposed to any of the following substances at this company? (circle all that apply)											
9. NEXT JOB	What do they do or manufacture?	From- Year	To- Year	All the time Most of time Sometimes Seldom Rarely/ Never DK	No Yes DK CCYY	No Yes DK CCYY	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	<25 25-100 100-500 >500 Unknown-9	No Yes DK # times	Lead Toluene Xylene Acetone MEK Trichloroethylene Trichloroethane Perchloroethylene Styrene Other Solvents Pesticides DK	
		Company Name, City and State	Were you exposed to any of the following substances at this company? (circle all that apply)											
10. NEXT JOB	What do they do or manufacture?	From- Year	To- Year	All the time Most of time Sometimes Seldom Rarely/ Never DK	No Yes DK CCYY	No Yes DK CCYY	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	1 2 3 4 5 6 9	<25 25-100 100-500 >500 Unknown-9	No Yes DK # times	Lead Toluene Xylene Acetone MEK Trichloroethylene Trichloroethane Perchloroethylene Styrene Other Solvents Pesticides DK	
		Company Name, City and State	Were you exposed to any of the following substances at this company? (circle all that apply)											

17.

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:

WORKPLACE Company Name and Address	What is/was the department where you were exposed to noise?	How are/were you exposed to noise in this department?	What tools, operations, machines, or processes if any, do/did you work with or run at this company that are/were noisy?	Is this company still in business at this location?
____ # from Part I				No 1 Yes 2 DK 9
____ # from Part I				No 1 Yes 2 DK 9
____ # from Part I				No 1 Yes 2 DK 9
____ # from Part I				No 1 Yes 2 DK 9
____ # from Part I				No 1 Yes 2 DK 9

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? | 19a. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19a-1. From _____ to _____ | 19a-1. | _____ total # years | | | | | | | | | |
| 19a-2. Use Hearing Protection? | 19a-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19a-3. If ALWAYS or USUALLY, year began: | 19a-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19b. Target shooting? | 19b. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19b-1. From _____ to _____ | 19b-1. | _____ total # years | | | | | | | | | |
| 19b-2. Use Hearing Protection? | 19b-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19b-3. If ALWAYS or USUALLY, year began: | 19b-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19c. Snowmobiling? | 19c. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19c-1. From _____ to _____ | 19c-1. | _____ total # years | | | | | | | | | |
| 19c-2. Use Hearing Protection? | 19c-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19c-3. If ALWAYS or USUALLY, year began: | 19c-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19d. Hobby with power tools? | 19d. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19d-1. From _____ to _____ | 19d-1. | _____ total # years | | | | | | | | | |
| 19d-2. Use Hearing Protection? | 19d-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19d-3. If ALWAYS or USUALLY, year began: | 19d-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19e. Chain saw? | 19e. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19e-1. From _____ to _____ | 19e-1. | _____ total # years | | | | | | | | | |
| 19e-2. Use Hearing Protection? | 19e-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19e-3. If ALWAYS or USUALLY, year began: | 19e-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19f. Listening to loud music? | 19f. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19f-1. From _____ to _____ | 19f-1. | _____ total # years | | | | | | | | | |
| 19f-2. Use Hearing Protection? | 19f-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19f-3. If ALWAYS or USUALLY, year began: | 19f-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19g. Motor boat/jet ski? | 19g. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19g-1. From _____ to _____ | 19g-1. | _____ total # years | | | | | | | | | |
| 19g-2. Use Hearing Protection? | 19g-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19g-3. If ALWAYS or USUALLY, year began: | 19g-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19h. Lawn work with power tools? | 19h. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: | | | | | | | | | | | |
| 19h-1. From _____ to _____ | 19h-1. | _____ total # years | | | | | | | | | |
| 19h-2. Use Hearing Protection? | 19h-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19h-3. If ALWAYS or USUALLY, year began: | 19h-3. | _____ CCYY | | | | | | | | | |
| | | | | | | | | | | | |
| 19i. Other? Specify: _____ | 19i. | No | 1 | Yes | 2 | DK | 9 | | | | |
| If YES: (farming,motorcycle,dirtbikes,racecars,etc) | | | | | | | | | | | |
| 19i-1. From _____ to _____ | 19i-1. | _____ total # years | | | | | | | | | |
| 19i-2. Use Hearing Protection? | 19i-2. | Always | 1 | Usually | 2 | Rarely | 3 | Never | 4 | DK | 9 |
| 19i-3. If ALWAYS or USUALLY, year began: | 19i-3. | _____ CCYY | | | | | | | | | |

**AUDIOMETRIC RESULT
ABSTRACT FORM**

FOR OFFICE USE ONLY

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

Hz	RIGHT EAR 'O' dB*	LEFT EAR 'X' dB*
250	___	___
500	___	___
1000	___	___
2000	___	___
3000	___	___
4000	___	___
6000	___	___
8000	___	___

**Read audiogram for AIR CONDUCTION.*