

|                       |  |              |                     |
|-----------------------|--|--------------|---------------------|
| Name: Last, First, MI | Company  | Today's Date | Age to Nearest Year |
|                       | SSAN or Employee Number  |              |                     |
| Job Title or Function | When was your most recent exposure to loud noises (include both work and non-work environments)? |              |                     |

| Yes | No |   | comment |
|-----|----|---|---------|
|     |    | Do you have any hearing difficulty?   |         |
|     |    | Has anyone else told you they think you have hearing difficulty?  |         |
|     |    | Do you have hearing difficulty that comes and goes?   |         |
|     |    | Have you ever had sudden hearing loss? For how long?  |         |
|     |    | Do you have recurring or severe episodes of dizziness?  |         |
|     |    | Do you have constant ringing or other constant sounds in your ears?   |         |
|     |    | Have you ever had a ruptured eardrum? When?   |         |
|     |    | Have you ever had surgery involving your middle or inner ear?   |         |
|     |    | Have you ever had severe or recurrent ear infection?  |         |
|     |    | Have you ever had an injury to your middle or inner ear that required medical attention or treatment? When? |         |

| Yes | No |  | Comment |
|-----|----|--|---------|
|     |    | Have you ever had a job that required hearing protection? What type work? When? For how long?  |         |
|     |    | Have you ever been told that you have indication of hearing loss based on an audiogram?  |         |
|     |    | Do you have any noisy hobbies, such as shooting, racing, aviation, or loud music?  |         |
|     |    | Do you have exposure to noise outside work, such as power mowers, powered hand tools?  |         |
|     |    | When exposed to loud noises outside of work, do you use hearing protection?  |         |
|     |    | Did you ever serve in military or law enforcement? If so, did you have frequent or significant exposure to: <ul style="list-style-type: none"> <li>• Small arms fire?</li> <li>• Artillery?</li> <li>• Diesel or jet engines?</li> <li>• Helicopters?</li> </ul> Did you use hearing protection? |         |
|     |    | Any other ear problems?  |         |