BROWN
School of Public Health

COMMUNITY HEARING SCREENING SURVEY

Thank you for participating in our community hearing screening. This survey consists of 19 questions and will take approximately 5-7 minutes to complete. **Please write clearly**.

Full Name

Physical Address Line 1

Physical Address Line 2

City	**State**	**Zip Code**

Email

If you are interested in having your hearing screening results emailed to you OR if you are interested in entering our raffle, please provide your email address below. Please write clearly!

What language (s) do you speak?

- ☐ 1 = English
- ☐ 2 = French
- ☐ 3 = Italian
- ☐ 4 = Spanish
- ☐ 5 = Portuguese
- ☐ 6 = Native Language/Other (in field next to this, specify the language)

BROWN
School of Public Health

What race/ethnicity do you identify most with?

- ☐ 1 = Hispanic/Latino (including indigenous heritage)
- ☐ 2 = Native Hawaiian
- ☐ 3 = White
- ☐ 4 = Asian
- ☐ 5 = Pacific Islander
- ☐ 6 = Black/African American
- ☐ 7 = Other

How would you describe your sex?

- ☐ 1 = Male
- ☐ 2 = Female
- ☐ 3 = Intersex
- ☐ 4 = Prefer not to say

What is your age?

Are you in a band or orchestra (school, professional, hobby)?

- ☐ 1 = Yes
- ☐ 2 = No

Do you play a musical instrument?

- ☐ 1 = Yes
- ☐ 2 = No

Do you sing?

- ☐ 1 = Yes
- ☐ 2 = No

BROWN
School of Public Health

Do you play any collision or contact sports? (Select all that apply)?

- ☐ 1 = Football
- ☐ 2 = Field Hockey
- ☐ 3 = Wrestling
- ☐ 4 = Diving
- ☐ 5 = Boxing
- ☐ 6 = Lacrosse
- ☐ 7 = Ice Hockey
- ☐ 8 = Basketball
- ☐ 9 = Rodeo
- ☐ 10 = Martial Arts
- ☐ 11 = Soccer
- ☐ 12 = No, I do not play a contact/collision sport

How sensitive are you to noise?

- ☐ 1 = I am not sensitive to noise
- ☐ 2 = I am slightly sensitive to noise
- ☐ 3 = I am moderately sensitive to noise
- ☐ 4 = I am very sensitive to noise
- ☐ 5 = I am extremely sensitive to noise

In your opinion, is your neighborhood/place of employment loud?

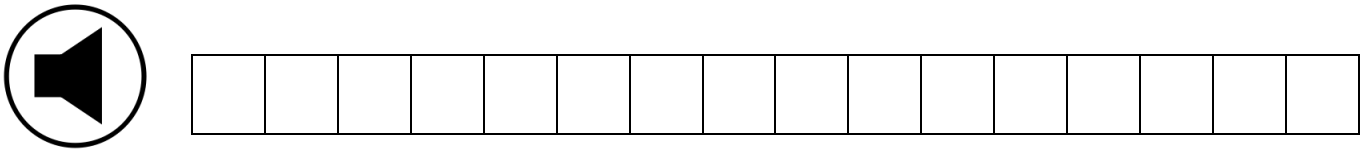
- ☐ 1 = I haven't thought about it before
- ☐ 2 = Yes, but I have gotten used to it
- ☐ 3 = My neighborhood is loud but my place of work and/or where I attend school is quiet
- ☐ 4 = My neighborhood is loud but my place of work and/or where I attend school is loud
- ☐ 5 = All are loud
- ☐ 6 = All are quiet

BROWN
School of Public Health

When was the last time you had your hearing tested?

- ☐ 1 = I have never had my hearing tested
- ☐ 2 = Within the past 5 years
- ☐ 3 = Within the past 10 years
- ☐ 4 = It has been over 10 years

Do you typically listen to music, watch videos (YouTube, TikTok, etc.) while using earbuds/headphones? If the answer is yes, what is typically the volume you set your earbuds/headphones to? Circle that level down below.



Low Volume **Mid Volume** **High Volume**

Do you experience constant ringing in one or both ears?

- ☐ 1 = Yes, and it is very noticeable
- ☐ 2 = Yes, but it is only noticeable in quieter settings
- ☐ 3 = No, this never happens
- ☐ 4 = Not sure

Do you wear any hearing protection? (Select all that apply)

- ☐ 1 = I use ear plugs
- ☐ 2 = I use noise cancelling headphones
- ☐ 3 = I do not wear any hearing protection

Which side of your ear do you usually use when speaking on your phone?

- ☐ 1 = I use my left ear
- ☐ 2 = I use my right ear
- ☐ 3 = I use both ears via headphones

BROWN
School of Public Health

Does one of your ears hear better than the other?

- ☐ 1 = Yes, my right ear hears better than the left ear
- ☐ 2 = Yes, my left ear hears better than my right ear
- ☐ 3 = No, both my right and left ear hear the same
- ☐ 4 = Not sure

Are you frequently asking friends and/or loved ones to repeat things they say?

- ☐ 1 = Yes, every day
- ☐ 2 = Yes, but not that often
- ☐ 3 = No
- ☐ 4 = Not sure

Do you have trouble hearing conversations with background noise, such as in a restaurant or when your television is on?

- ☐ 1 = Yes, most of the time
- ☐ 2 = Yes, sometimes
- ☐ 3 = No
- ☐ 4 = Not sure

Do you have trouble determining where sounds come from?

- ☐ 1 = Yes, in most settings
- ☐ 2 = Yes, but only in certain settings
- ☐ 3 = No
- ☐ 4 = Not sure

Do you often think "my hearing is not as good as it used to be"?

- ☐ 1 = Yes, most of the time
- ☐ 2 = Yes, sometimes
- ☐ 3 = No
- ☐ 4 = Not sure