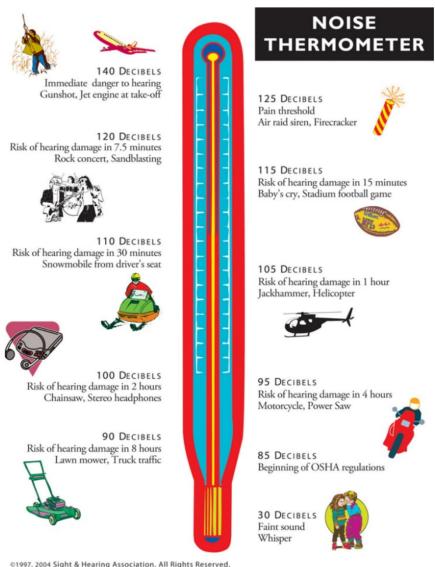
#### Lifetime Exposure to Noise and Solvents (LENS-Q)

#### NON-MILITARY, OCCUPATIONAL EXPOSURE HISTORY

The following questions are about your **NON-MILITARY, OCCUPATIONAL** noise and solvent/chemical exposure history. This includes all occupations **OUTSIDE** of your military career. Please answer the questions thinking only about occupational exposures you had during the time period **before**, **between** or **after** your military career.

To help you understand what we mean by "exposed to loud noise" see the "NOISE THERMOMETER" provided in your questionnaire packet for examples of loud sounds. You are most likely "exposed to loud noise" if you are around activities at or above 85 decibels. Another example of loud noise is noise that makes it hard to talk to or hear another person or makes your ears ring after exposure.



Please answer each question by marking or writing the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

**Noise Exposures** 

Noise Exposures			-	b you answer additional ques	•	5. Du	_	ime, how ind <u>loud</u> n	often wer	e you		often did	•	_
NON-Military Occupation  1. Did you work any of these jobs?			2. Year started (YYYY)	3. Year ended (YYYY) if current, put this year	4. Length of time at job (#yrs/mos)	Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
A. Automotive	0	0				0	0	0	0	0	0	0	0	0
B. Construction	0	0				0	0	0	0	0	0	0	0	0
C. Industrial	0	0				0	0	0	0	0	0	0	0	0
D. Manufacturing	0	0				0	0	0	0	0	0	0	0	0
E. Carpentry	0	0				0	0	0	0	0	0	0	0	0
F. Airport Staff	0	0				0	0	0	0	0	0	0	0	0
G. Agricultural / Farming	0	0				0	0	0	0	0	0	0	0	0
H. Logging/Lumber industry	0	0				0	0	0	0	0	0	0	0	0
I. Mining	0	0				0	0	0	0	0	0	0	0	0
J. Printing	0	0				0	0	0	0	0	0	0	0	0
K. Entertainment (nightclubs, disco, concert, live show, sporting event)	0	0				0	0	0	0	0	0	0	0	0
L. Musician (band, orchestra, symphony)	0	0				0	0	0	0	0	0	0	0	0
M. Transportation (ship, train, plane, truck)	0	0				0	0	0	0	0	0	0	0	0
N. Fisherman / Merchant Marine	0	0				0	0	0	0	0	0	0	0	0
O. Emergency (police, fire, EMT)	0	0				0	0	0	0	0	0	0	0	0
P. Other:	0	0				0	0	0	0	0	0	0	0	0
Q. Other:	0	0				0	0	0	0	0	0	0	0	0
R. Other:	0	0				0	0	0	0	0	0	0	0	0
	Did you use firearms in any of your non- No Yes  8. If Yes, approximately how many total rounds			One to les 100 rou		less the	unds to an 1000 unds	less tha	ounds to n 10,000 unds	less th	0 rounds to nan 50,000 ounds	) ro	0,000 unds or more	

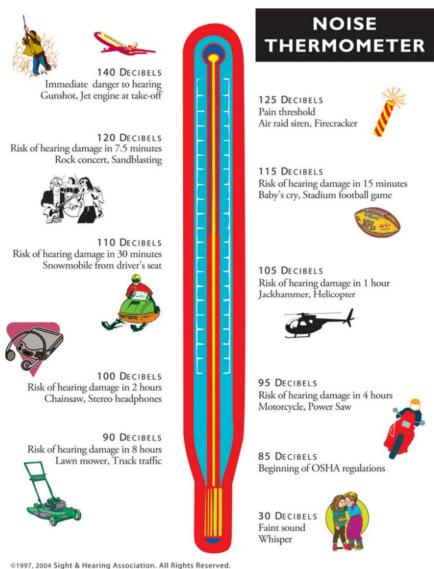
NON-Military Occupat Solvent/Chemical Exp			_	ob you answer additional que		5. How	often wer solven	e you in co		th this		ten did you tor, eye gea gloves,	-	_
Have you ever been with any of the foll solvents or chemical	owing	tact Yes	2. Year started (YYYY)	3. Year ended (YYYY) if current, put this year	4. Length of time exposed (#yrs/mos)	Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
A. Ethyl benzene	0	0				0	0	0	0	0	0	0	0	0
B. Toluene	0	0				0	0	0	0	0	0	0	0	0
C. Xylene	0	0				0	0	0	0	0	0	0	0	0
D. Styrene	0	0				0	0	0	0	0	0	0	0	0
E. n-Hexane	0	0				0	0	0	0	0	0	0	0	0
F. Carbon monoxide	0	0				0	0	0	0	0	0	0	0	0
G.Trichloroethylene (TCE)	0	0				0	0	0	0	0	0	0	0	0
H. Lead	0	0				0	0	0	0	0	0	0	0	0
I. Acrylonitrile	0	0				0	0	0	0	0	0	0	0	0
J. n-Butylalcohol	0	0				0	0	0	0	0	0	0	0	0
K. Carbon Disulfide	0	0				0	0	0	0	0	0	0	0	0
L. Cyanide (including hydrogen cyanide)	0	0				0	0	0	0	0	0	0	0	0
M. n-Heptane	0	0				0	0	0	0	0	0	0	0	0
N. Mercury (alkyl compounds)	0	0				0	0	0	0	0	0	0	0	0
O. Mercury (inorganic compounds)	0	0				0	0	0	0	0	0	0	0	0
P. Mercury (vapor)	0	0				0	0	0	0	0	0	0	0	0
Q. x-Methyl-styrene	0	0				0	0	0	0	0	0	0	0	0
R. Welding fumes	0	0				0	0	0	0	0	0	0	0	0
S. Burn pits	0	0				0	0	0	0	0	0	0	0	0

## Lifetime Exposure to Noise and Solvents (LENS-Q)

#### **MILITARY OCCUPATIONAL EXPOSURE HISTORY**

The following questions are about your **MILITARY OCCUPATIONAL** noise and solvent/chemical exposure history. This includes all occupations **DURING** your military career. Please answer the questions thinking only about occupational exposures you had during the time period **before**, **between** or **after** your military career.

To help you understand what we mean by "exposed to loud noise" see the "NOISE THERMOMETER" provided in your questionnaire packet for examples of loud sounds. You are most likely "exposed to loud noise" if you are around activities at or above 85 decibels. Another example of loud noise is noise that makes it hard to talk to or hear another person or makes your ears ring after exposure.



Sight & Hearing Association: 1-800-992-0424 \* 674 Transfer Road, St. Paul, MN 55114 \* www.sightandhearing.org

Please answer each question by marking or writing in the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

What types of jobs did you	Year	Year ended (YYYY)	Length of	Н	ow often we	ere you arou	nd <u>loud</u> noise	:?		often did	-	_
have during your MILITARY service?*	started (YYYY)	if current, put this	time at job (yrs/mos)		Several times a	Several times a	Several times a			Some of the	Most of the	
	(*****)	year	(7.5755)	Never	year	month	week	Daily	Never	time	time	Always
JOB TITLE 1:				0	0	0	0	0	0	0	0	0
JOB TITLE 1 Occupational Specia	Ity Code (MOS	; Ranking):										

<sup>\*</sup>You will have the opportunity to list other jobs later in this questionnaire

			Were you	exposed to a	any of the	following o	during your	time in this job	(Job Title 1)?			
	Year started	i	Year en	ded (YYYY)	Leng	th of time	exposed		How often w	ere you around	loud noise?	
1. Rotary-winged	(YYYY):		if curre	nt, put this		(yrs/mos	s)		Several times	Several times	Several times	;
aircraft?			у	ear:				Never	a year	a month	a week	Daily
No Yes								0	0	0	0	0
0 0	Was a weapon	or	If Yes, ap	proximately	how man	y rounds v	vere fired					
If Yes, please answer	weapons syste	em	in a given	day? Round	ls are defir	ned as the	number of	How ofte	n did you use l	nearing protection	on while in <u>lou</u> d	<u>d</u> noise?
the questions to the	ever fired?			shots fired,	missiles dr	opped, etc						
right. If No, proceed	No Yes					101-	1001 or		Some	e of the Mos	st of the	
to next row.	0 0		1-9	10-50	51-100	1000	more	Never			time	Always
	0 0		0	0	O	0	0	0		<u> </u>	0	0
	Year started	i		ded (YYYY)	Leng	th of time	=			ere you around		
2. Fixed-winged	(YYYY):		-	nt, put this		(yrs/mos	s)		Several times	Several times	Several time	-
aircraft?			у	ear:				Never	a year	a month	a week	Daily
No Yes				<del></del>		<del></del>		0	0	0	<u> </u>	O
0 0	Was a weapon			proximately		-						
If yes, please answer	weapons syste	em	_	day? Round				How ofte	n did you use l	nearing protection	on while in <u>loud</u>	d noise?
the questions to the	ever fired?			shots fired,	missiles ar				6	C.I	C.1	
right. If not, proceed to next row.	No Yes		4.0	10.50	F4 400	101-	1001 or	Nissan	Some o		of the	A l
to next row.	0 0		1-9 O	10-50 O	51-100 O	1000 O	more O	Never O	time O	-	me O	Always
											_	0
3. Tracked vehicles	Year started	1		ded (YYYY)	Leng	th of time	-			ere you around		
(tanks and heavy	(YYYY):		•	nt, put this		(yrs/mos	P)	Nissan	Several times			-
construction			у	rear:				Never O	a year O	a month O	a week O	Daily
equipment)?			If Voc. or	 nrovimatoli	, how man		fired					0
No Yes	Was a weapon			proximately day? Round		_						
0 0	weapons syste		_	shots fired,				How ofte	n did you use l	nearing protection	on while in <u>lou</u> d	d noise?
If Yes, please answer	ever fired?			silots illeu,	iiiissiies ui	oppeu, etc	•					
the questions to the	NI- W					101-	1001 or		9	Some of the		
right. If No, proceed	No Yes		1-9	10-50	51-100	1000	more	Neve	er	time N	lost of the time	Always
to next row.	0 0		0	0	0	0	0	0		0	0	0

	Were	e you exposed to any	of the fo	ollowing o	luring your time i	n this job	(Job Title 1)?			
4 14/hanlad	Year started	Year ended (YYY	Y)	Length o	f time exposed		How ofter	n were you arou	nd <u>loud</u> noise?	
4. Wheeled vehicles	(YYYY):	if current, put this y	ear:	()	ırs/mos)		Several	Several times	Several times	
(tanks and heavy						Never	times a year	a month	a week	Daily
construction						0	0	0	0	0
equipment)?	Was a weapon or	If Yes, approximate	ly how	many rou	nds were fired					
No Yes O O	weapons system	in a given day? Rou	ds are	defined as	the number of	How of	ften did you us	e hearing prote	ction while in <u>lo</u>	ud noise?
If Yes, please answer the	ever fired?	shots fired	, missile	es droppe	d, etc.					
questions to the right. If	No Voc			101-			Some	of the Mo	st of the	
No, proceed to next row.	No Yes O O		-100	1000	1001 or more	Neve		-	time	Always
No, proceed to next row.		0 0	<b>O</b>	0	0	0	(	<b>O</b>	0	0
	Year started	Year ended (YYY	Y)	Length o	f time exposed		How ofter	n were you arou	nd <u>loud</u> noise?	
5. Small Caliber	(YYYY):	if current, put this y	ear:	()	ırs/mos)		Several	Several times	Several times	
Individual and Crew						Never	times a year	a month	a week	Daily
Served Weapons?						0	0	0	0	0
No Yes	Was a weapon or	If Yes, approximate	ly how	many rou	nds were fired					
0 0	weapons system	in a given day? Rou	nds are	defined as	the number of	How of	ften did you us	se hearing prote	ction while in <u>lo</u>	ud noise?
If Yes, please answer the	ever fired?	shots fired	, missile	es droppe	d, etc.					
questions to the right. If	No Yes			101-			Some o	f the Most	of the	
No, proceed to next row.	0 0	1-9 10-50 51	-100	1000	1001 or more	Never	time	e ti	me A	Always
	0 0		<u> </u>	0	0	0	0	(	)	0
6. Large Caliber Crew	Year started	Year ended (YYY	-	_	f time exposed		How ofter	n were you arou	nd <u>loud</u> noise?	
Served Weapons	(YYYY):	if current, put this y	rear:	()	ırs/mos)		Several times	Several times	Several times	5
(mortars, howitzers,						Never	a year	a month	a week	Daily
shoulder-fired rockets,						0	0	0	0	0
AT-4, MAAWS, etc.)?	Was a weapon or	If Yes, approximate	ly how	many rou	nds were fired					
No Yes	weapons system	in a given day? Rou	ids are	defined as	the number of	How of	ften did you us	e hearing prote	ction while in <u>lo</u>	ud noise?
0 0	ever fired?	shots fired	, missile	es droppe	d, etc.					
If Yes, please answer the	No Yes			101-			S	ome of the		
questions to the right. If	0 0		-100	1000	1001 or more		ever		Nost of the time	Always
No, proceed to next row.	0 0	0 0	<u> </u>	0	0	(	<u> </u>	0	0	0
7 Evalosivos	Year started	Year ended (YYY	Y)	Length o	f time exposed		How ofter	n were you arou	nd <u>loud</u> noise?	
7. Explosives (shaped/breaching	(YYYY):	if current, put this y	ear:	()	ırs/mos)		Several	Several times	Several times	
charges, grenade, IED,						Never	times a year	a month	a week	Daily
TNT)?						0	0	0	0	0
No Yes	Was a weapon or	If Yes, approximate								
0 0	weapons system	in a given day? Rou				How of	ften did you us	se hearing prote	ction while in <u>lo</u>	ud noise?
If Yes, please answer the	ever fired?	shots fired	, missile	es droppe	d, etc.					
questions to the right. If	No Yes			101-			Some o	f the Most	of the	
No, proceed to next row.	0 0		-100	1000	1001 or more	Never				Always
140, proceed to next row.			<b>O</b>	0	0	0	0	(	<b>O</b>	0

		Were	you expo	sed to any of	f the follo	wing during	your tin	ne ir	n this job (Jol	Title 1)?	)			
8. Electrical Generation	Year st	arted	Year	ended (YYYY	) Le	ength of time	expose	ed		How ofte	en were you	ı around <u>l</u>	oud noise?	
<b>Equipment (Generator</b>	(YYY	Y):	if currer	nt, put this ye	ar:	(yrs/m	os)		Sev	eral time	s Severa	ltimes	Several times	
Farms, Towed									Never	a year	a mo	onth	a week	Daily
Generators, etc.)									0	Ö	C	)	0	0
No Yes	Was a we	apon or	If Yes, a	pproximately	y how ma	ny rounds w	ere fire	d						
0 0	weapons	system	in a giver	n day? Round	ds are def	ined as the i	umber	of	How often	did you u	se hearing	protectio	n while in <u>lo</u> ເ	ıd noise?
If Yes, please answer	ever f	ired?		shots fired,	missiles o	dropped, etc				-	_	•		
the questions to the		V				101-					Some of th	e		
right. If No, proceed to	No	Yes	1-9 1	0-50 51-1	100	1000 100	1 or mo	re	Never		time	Mos	t of the time	Always
next row.	0	0	0	0 0	)	0	0		0		0		0	0
	Mark all ap	plicable jo	b descripti	ons:	Y	ear started			Year ende	ed (YYYY)		Lengt	h of time exp	osed
	Flight D	eck Control	ler/ Obser	ver/Fueler		(YYYY):			if current, p	ut this yed	ar:		(yrs/mos):	
	Launch	and Recove	ry (Catapu	lt Crew,	_									
9. Aircraft	Guid	des)												
Carrier/Ship?	Mainter	nance and F	Repair											
No Yes	Avionic	s, Hydraulic	s, Calibrati	on	н	low often w	re vou s	arou	ınd <u>loud</u> nois	۵2			d you use hea	_
O O  If Yes, please answer	O Food ar	nd Laundry	Personnel			ov orten w	ire you e	uiou	a <u>1044_</u> 11015		pro	tection w	hile in <u>loud</u> no	oise?
the questions to the	O Security	and Watch	Personne	I		Several	Seve	eral	Several			Some of	Most of	
right. If No, proceed to	O Office a	ınd Clinic Pe	rsonnel		times a	time	es a	times a			the	the		
next row.	O Other:				Never	year	mor	nth	week	Daily	Never	time	time	Always
	O Other:				0	0	C	)	0	0	0	0	0	0
	Were	you in any		owing		Year start	ed			ended (Y	•	Len	gth of time ex	
10. Submarines?		subma				(YYYY):			if curre	nt, put th	is year:		(yrs/mos):	
No Yes		Mark all ti	hat apply:				_		_		_			_
O O  If Yes, please answer	0	Attack			Н	low often we	re you a	arou	ınd <u>loud</u> nois	e?			d you use hea hile in <u>loud</u> no	
the questions to the		0 1 1 1	•••			Several	Seve	eral	Several			Some of		
right. If No, proceed to	0	Guided mi	ssile			times a	time	es a	times a			the	the	
next row.	0	Ballistic m	issilo		Never	year	mor	nth	week	Daily	Never	time	time	Always
	)	Ballistic III	issiie		0	0	0	)	0	0	0	0	0	0
11. Other type of			ar started				Year end	ded	(YYYY)		L	ength of	time exposed	
noise:			(YYYY):			if	current, <sub>l</sub>	put i	this year:			(yrs	/mos)	
								<del></del>						
		How of	ten were v	ou around lo	oud noise	?								
If other type of noise is			_				H	low often die	you use	hearing pr	otection v	vhile in <u>loud</u> r	noise?	
provided, please			/eral	Several	Seve					_	·		<b>C</b>	
answer questions to	Nierra		nes a	times a	times				May : = :	S	ome of the		of the	A l
the right.	Never O	-	ear	month O	wee	k Da			Never O		time O		me O	Always
the right.			<b>O</b>		0							- (		0

What types of jobs did you	Year	Year ended	Length of	н	low often we	ere you arou	nd <u>loud</u> noise	?		often did ection whi	•	
have during your MILITARY service?*	started (YYYY)	(YYYY)  if current, put	time at job (yrs/mos)		Several times a	Several times a	Several times a			Some of the	Most of the	
	(,	this year	()10,11100,	Never	year	month	week	Daily	Never	time	time	Always
JOB TITLE 2:		_		0	0	0	0	0	0	0	0	0
JOB TITLE 2 Occupational Spec	cialty Code (N	1OS; Ranking):										

<sup>\*</sup>You will have the opportunity to list other jobs later in this questionnaire

"You will have the oppo			-		following o	luring your	time in this ic	b (Job Title 2)?			
	Year started	_	led (YYYY)	_	th of time		time in tims jo		ere you around	Houd noise?	
1. Rotary-winged	(YYYY):		t, put this	Lengi	yrs/mos)	-		Several times	Several times		
aircraft?	(1111).	-	ear:		(9/3/11/03	''	Never	a year	a month	a week	Daily
No Yes		, ,					O	O	O	O	O
0 0	Was a weapon or	If Yes, apr	oroximately	how man	v rounds w	vere fired					
If Yes, please answer	weapons system		day? Round		-		How oft	en did you use l	nearing protect	ion while in <u>loud</u>	noise?
the questions to the	ever fired?	_	hots fired, ı					•	٥.		-
right. If No, proceed	No Vos				101-	1001 or		Some	of the Mo	ost of the	
to next row.	No Yes O O	1-9	10-50	51-100	1000	more	Neve		me	time	Always
	0 0	0	0	0	0	0	0	(	<b>O</b>	0	0
	Year started		ed (YYYY)	Lengt	th of time	-			ere you around	· · · · · · · · · · · · · · · · · · ·	
2. Fixed-winged	(YYYY):	_	t, put this		(yrs/mos	5)		Several times	Several times		
aircraft?		ye	ear:				Never	a year	a month	a week	Daily
No Yes			<del></del>				0	0	0	0	0
0 0	Was a weapon or		proximately		-					:	
If yes, please answer the questions to the	weapons system ever fired?	_	day? Round hots fired, ı				HOW OIL	en ala you use i	iearing protect	ion while in <u>loud</u>	noise:
right. If not, proceed	ever mea:	3	iiots iiieu, i	ilissiles ui	орреа, етс 101-	1001 or		Some o	fthe Mos	t of the	
to next row.	No Yes	1-9	10-50	51-100	1000	more	Never	time			Always
	0 0	Õ	0	0	0	O	0	0		0	0
	Year started	Year end	led (YYYY)		th of time				ere you around		
3. Tracked vehicles	(YYYY):		t, put this		(yrs/mos	-		Several times	<del>-</del>		S
(tanks and heavy construction		ye	ear:				Never	a year	a month	a week	Daily
equipment)?							0	Ó	0	0	O <sup>'</sup>
No Yes	Was a weapon or	If Yes, app	oroximately	how man	y rounds w	vere fired					
0 0	weapons system	_	day? Round				How oft	en did vou use l	nearing protect	ion while in loud	noise?
If Yes, please answer	ever fired?	S	hots fired, ı	missiles dr	opped, etc	•		, ,		<u></u>	
the questions to the					101-	1001 or			some of the		
right. If No, proceed	No Yes	1-9	10-50	51-100	101-	more	Ne			Most of the time	Always
to next row.	0 0	0	O	O	0	O	C		O		O

	Were	e you exposed to any of the	e following during your time	in this job (Job Title 2)?
4. Wheeled vehicles (tanks and heavy construction	Year started (YYYY):	Year ended (YYYY) if current, put this year:	Length of time exposed (yrs/mos)	How often were you around <u>loud</u> noise?  Several Several times Several times  Never times a year a month a week Daily  O O O O
equipment)?  NO Yes  O  If Yes, please answer the questions to the right. If  No, proceed to next row.	Was a weapon or weapons system ever fired?	in a given day? Rounds a	ow many rounds were fired re defined as the number of siles dropped, etc.  101-1000 1001 or more	How often did you use hearing protection while in <u>loud</u> noise?  Some of the Most of the  Never time time Always  O O O
5. Small Caliber Individual and Crew Served Weapons?	Year started (YYYY):	Year ended (YYYY) if current, put this year:	Length of time exposed (yrs/mos)	How often were you around loud noise?  Several Several times Several times  Never times a year a month a week Daily  O O O O
No Yes OO  If Yes, please answer the questions to the right. If No, proceed to next row.	Was a weapon or weapons system ever fired?  No Yes	in a given day? Rounds a	re defined as the number of siles dropped, etc.  101-1000 1001 or more	How often did you use hearing protection while in <u>loud</u> noise?  Never Some of the time Most of the time Always
6. Large Caliber Crew Served Weapons (mortars, howitzers, shoulder-fired rockets,	Year started (YYYY):	Year ended (YYYY) if current, put this year:	Length of time exposed (yrs/mos)	How often were you around <u>loud</u> noise?  Several times Several times  Never a year a month a week Daily  O O O O
AT-4, MAAWS, etc.)?  No Yes  O  If Yes, please answer the	Was a weapon or weapons system ever fired?	in a given day? Rounds a	ow many rounds were fired re defined as the number of siles dropped, etc.	How often did you use hearing protection while in <u>loud</u> noise?
questions to the right. If No, proceed to next row.	No Yes O O	1-9 10-50 51-100 O O O	101-1000 1001 or more O O	Some of the  Never time Most of the time Always  O O O
7. Explosives (shaped/breaching charges, grenade, IED, TNT)?	Year started (YYYY):	Year ended (YYYY)  if current, put this year:	Length of time exposed (yrs/mos)	How often were you around loud noise?  Several Several times Several times  Never times a year a month a week Daily  O O O O
No Yes O O If Yes, please answer the questions to the right. If	Was a weapon or weapons system ever fired?  No Yes	in a given day? Rounds a shots fired, mis 1-9 10-50 51-100	w many rounds were fired re defined as the number of siles dropped, etc. 101-1000 1001 or more	How often did you use hearing protection while in <u>loud</u> noise?  Never Some of the time Most of the time Always
No, proceed to next row.			0 0	

		Were	e you expo	osed to any o	f the follo	owing during	your t	ime i	n this job (Jo	Title 2)?	1			
8. Electrical Generation	Year st	tarted	Year	ended (YYYY	) Le	ength of tim	e expos	sed		How ofte	n were you	ı around <u>l</u>	oud noise?	
<b>Equipment (Generator</b>	(YYY	Y):	if curre	nt, put this ye	ar:	(yrs/m	os)		Sev	eral time	s Severa	l times	Several times	
Farms, Towed									Never	a year	a mo	onth	a week	Daily
Generators, etc.)									0	Ó	C	)	0	O
No Yes	Was a we	eapon or	If Yes, a	pproximatel	y how ma	any rounds v	vere fir	ed						
0 0	weapons	system	in a give	n day? Round	ls are def	fined as the	numbe	r of	How often	did you u	se hearing	protectio	n while in <u>lou</u>	ıd noise?
If Yes, please answer	ever f	ired?		shots fired,	missiles o	dropped, etc				•	_	•		
the questions to the		V				101-					Some of th	e		
right. If No, proceed to	No	Yes	1-9 1	10-50 51-1	100	1000 10	)1 or m	ore	Never		time	Most	t of the time	Always
next row.	0	0	0	0 0	)	0	0		0		0		0	0
	Mark all a	pplicable jo	b descripti	ions:	Υ	ear started			Year end	ed (YYYY)		Lengt	h of time exp	osed
	Flight D	eck Control	ler/ Obser	ver/Fueler		(YYYY):			if current, p	ut this yed	ar:		(yrs/mos):	
	Launch	and Recove	ry (Catapı	ult Crew,										
9. Aircraft	Gui	des)			_									
Carrier/Ship?	Mainte	nance and F	Repair											
No Yes	Avionic	s, Hydraulic	s, Calibrat	ion	L	low often w	oro vou	. araı	and loud nois	•3	Hov	w often di	d you use hea	aring
0 0		ا برسلم مرب ما الم	Dawaammal		-	iow orten w	ere you	ı arot	ınd <u>loud</u> nois	er	pro	tection w	hile in <u>loud</u> no	oise?
If Yes, please answer	O Food ar	nd Laundry	Personner											
the questions to the	O Security	y and Watch		Several	Se	veral	Several			Some of	Most of			
right. If No, proceed to	O Office a	and Clinic Pe	ersonnel			times a	tin	nes a	times a			the	the	
next row.	O Other:				Never	year		onth	week	Daily	Never	time	time	Always
	Other.				0	0		0	0	0	0	0	0	0
	Were	you in any		lowing		Year star				ended (Y	•	Len	gth of time ex	
10. Submarines?		subma				(YYYY)			if curre	ent, put th	is year:		(yrs/mos):	
No Yes		Mark all t	hat apply:						_		_			_
0 0	0	Attack			н	low often w	ere vou	ı aroı	ınd <u>loud</u> nois	62			d you use hea	
If Yes, please answer	)	7 tetack			•				a <u>a .</u>		pro		hile in <u>loud</u> no	oise?
the questions to the	0	Guided m	issile			Several		veral	Several			Some of		
right. If No, proceed to						times a		nes a	times a			the	the	
next row.	0	Ballistic m	issile		Never	, _		onth	week	Daily	Never	time	time	Always
					0			<u>o</u>	0		0	0	0	0
11. Other type of			ar started			• •			(YYYY)		L	_	time exposed	
noise:			(YYYY):			ij	current	t, put	this year:			(yrs	/mos)	
		_						· <del></del>						
		How of	ten were	you around lo	oud noise	?								
If other tune of noise is			•	_				ŀ	low often die	d you use	hearing pro	otection v	vhile in <u>loud</u> r	noise?
If other type of noise is			veral	Several	Seve								6.1	
provided, please			nes a	times a	times					S	ome of the		of the	
answer questions to	Never	-	ear	month	wee				Never		time			Always
the right.	0	(	<b>O</b>	0	0		)		0		0		$\supset$	0

What types of jobs did you	Year	Year ended (YYYY)	Length of	H	low often we	re you aroui	nd <u>loud</u> noise	?		often did ection whi	•	U
have during your MILITARY	started	if current,	time at job		Several	Several	Several			Some	Most	
service?	(YYYY)	put this	(yrs/mos)		times a	times a	times a			of the	of the	
		year		Never	year	month	week	Daily	Never	time	time	Always
JOB TITLE 3:				0	0	0	0	0	0	0	0	0
OB TITLE 3 Occupational Specialty Code (MOS; Ranking):												

			Were you	exposed to a	any of the f	ollowing d	luring your	time in this jol	(Job Title 3)?			
	Year s	tarted	Year en	ded (YYYY)	Lengt	h of time o	exposed		How often w	vere you aroun	d <u>loud</u> noise?	
1. Rotary-winged	(YY	YY):	if curre	nt, put this		(yrs/mos	;)		Several times	Several times	Several times	
aircraft?			У	vear:				Never	a year	a month	a week	Daily
No Yes							_	0	0	0	0	0
0 0	Was a w	eapon or	-	proximately		="						
If Yes, please answer	-	s system	_	day? Round				How ofte	en did you use	hearing protect	ion while in <u>louc</u>	noise?
the questions to the	ever	fired?		shots fired,	missiles dro							
right. If No, proceed	No	Yes				101-	1001 or				ost of the	
to next row.	Ö	0	1-9	10-50	51-100	1000	more	Never	•	ime	time	Always
	_	_	0	0	0	0	0	0		0	0	0
		tarted		ded (YYYY)	Lengt	h of time o	-			vere you aroun	·	
2. Fixed-winged	(YY	YY):	_	nt, put this		(yrs/mos	5)		Several times	Several times		-
aircraft?			<i>y</i>	vear:				Never	a year	a month	a week O	Daily
No Yes O O		<del></del>	or If Yes, approximately how many rounds were fired					0	0	0		0
If yes, please answer		eapon or s system		oproximately day? Round		="		How ofte	n did you uso	hoaring protoc	ion while in <u>lou</u> c	l noico?
the questions to the	-	s system fired?	_	shots fired,				HOW OILE	en did you use	ilearing protect	ion wille in <u>louc</u>	i iioise:
right. If not, proceed	evei	ili eu:		silots illeu,	iiiissiies ui c	101-	1001 or		Some o	of the Mo	st of the	
to next row.	No	Yes	1-9	10-50	51-100	1000	more	Never	tim			Always
	0	0	Ō	0	0	0	0	0	0		O	Ο,
	Year s	tarted	_	ded (YYYY)		h of time of				vere you aroun	d loud noise?	
3. Tracked vehicles	(YY	YY):		nt, put this		(yrs/mos	-		Several times	-		S
(tanks and heavy construction	,	,	_	vear:		,, ,	•	Never	a year	a month	a week	Daily
equipment)?								0	Ó	0	0	O'
No Yes	Wasaw	eapon or	If Yes, ap	proximately	how many	y rounds w	ere fired					
0 0		s system	in a given	day? Round	ls are defin	ed as the r	number of	How ofte	n did vou use	hearing protect	ion while in loud	l noise?
If Yes, please answer	_	fired?		shots fired,	missiles dro	opped, etc	•	11000 0110	in ala you asc	incuring protect	ion wille in <u>loac</u>	110130.
the questions to the										- 6.1		
right. If No, proceed	No	Yes	1.0	40.50	F4 400	101-	1001 or	<b>.</b>		Some of the	NA	A I
to next row.	0	0	1-9 O	10-50 O	51-100 O	1000	more	Nev O	-	time O	Most of the time	_ ′
						0	0					0

Were you exposed to any of the following during your time in this job (Job Title 3)?												
4. Wheeled vehicles (tanks and heavy construction	Year started (YYYY):	Year ended (YYYY) if current, put this year:	Length of time exposed (yrs/mos)	How often were you around loud noise?  Several Several times Several times  Never times a year a month a week Daily  O O O O								
equipment)?  No Yes  O  If Yes, please answer the questions to the right. If  No, proceed to next row.	Was a weapon or weapons system ever fired?  No Yes	in a given day? Rounds a shots fired, mi 1-9 10-50 51-100	now many rounds were fired are defined as the number of issiles dropped, etc.  101-1000 1001 or more	How often did you use hearing protection while in <u>loud</u> noise?  Some of the Most of the Never time time Always								
5. Small Caliber Individual and Crew Served Weapons?	Year started (YYYY):	Year ended (YYYY) if current, put this year:	Length of time exposed (yrs/mos)	How often were you around loud noise?  Several Several times Several times  Never times a year a month a week Daily  O O O O								
No Yes OO  If Yes, please answer the questions to the right. If No, proceed to next row.	Was a weapon or weapons system ever fired?  No Yes	in a given day? Rounds a	now many rounds were fired are defined as the number of issiles dropped, etc.  101-1000 1001 or more	How often did you use hearing protection while in <u>loud</u> noise?  Never Some of the time Most of the time Always  O O O								
6. Large Caliber Crew Served Weapons (mortars, howitzers, shoulder-fired rockets,	Year started (YYYY):	Year ended (YYYY)  if current, put this  year:	Length of time exposed (yrs/mos)	How often were you around <u>loud</u> noise?  Several times Several times  Never a year a month a week Daily  O O O O								
AT-4, MAAWS, etc.)?  No Yes  O  If Yes, please answer the	Was a weapon or weapons system ever fired?	in a given day? Rounds a	now many rounds were fired are defined as the number of issiles dropped, etc.	How often did you use hearing protection while in <u>loud</u> noise?								
questions to the right. If No, proceed to next row.	No Yes O O	1-9 10-50 51-100 O O O	101-1000 1001 or more	Some of the  Never time Most of the time Always  O O O								
7. Explosives (shaped/breaching charges, grenade, IED,	Year started (YYYY):	Year ended (YYYY)  if current, put this  year:	Length of time exposed (yrs/mos)	How often were you around <u>loud</u> noise?  Several Several times Several times  Never times a year a month a week Daily								
TNT)?  No Yes  O  O  If Yes, please answer the	Was a weapon or weapons system ever fired?	in a given day? Rounds a	now many rounds were fired are defined as the number of issiles dropped, etc.	How often did you use hearing protection while in <u>loud</u> noise?								
questions to the right. If No, proceed to next row.	No Yes O O	1-9 10-50 51-100 O O	101-1000 1001 or more	Never Some of the time Most of the time Always O O O								

		Were	you expos	ed to any o	f the follo	owing dur	ing you	r time i	n this job (J	ob Title 3)	?					
8. Electrical Generation	Year sta	rted	Year e	nded (YYYY	) Lo	ength of t	ime exp	osed		How oft	en were you	ı around <u>l</u>	oud noise?			
Equipment (Generator	(YYYY	·):	if current	, put this ye	ear:	(yrs,	/mos)		S	everal time	es Several	times S	everal times			
Farms, Towed									Never	a year	a mo	nth	a week	Daily		
Generators, etc.)									0	Ó	С	)	0	O		
No Yes	Was a wea	pon or	If Yes, ap	proximatel	y how ma	any round	s were f	fired								
0 0	weapons s	system	in a given	day? Round	ds are def	fined as th	ne numb	ber of	How often did you use hearing protection while in <u>loud</u> noise?							
If Yes, please answer	ever fire	ed?	9	shots fired,	missiles dropped, etc.											
the questions to the	No. 1	Vos				101-			Some of the							
right. If No, proceed to		Yes O	1-9 10	-50 51-	-100 1000 1001 or more				Neve	er	time	Most	of the time	Always		
next row.			0 (		)	0	0		0		0		0	0		
	Mark all app				Υ	ear starte	ed		Year en	ded (YYYY	)	Lengt	n of time exp	osed		
	O Flight De	ck Controll	er/ Observ	er/Fueler		(YYYY):			if current,	put this ye	ar:		(yrs/mos):			
	C Launch a	nd Recovei	ry (Catapuli	t Crew,												
9. Aircraft	Guide				-		_					-				
Carrier/Ship?	~	ance and R	•													
No Yes	<ul><li>Avionics,</li></ul>	Hydraulics	, Calibratio	n	-	low often	were v	ou arou	ınd loud no	ise?			l you use hea			
0, 0	O Food and	d Laundry P	ersonnel				iic.c y	ou u.o.	a <u>a.</u> o		pro	tection wh	ile in <u>loud</u> no	oise?		
If Yes, please answer																
the questions to the		and Watch				Covo	ral (	Cavaral	Coveral			Como of	Most of			
right. If No, proceed to next row.	O Office an	d Clinic Per	rsonnel			Seve time:		Several times a	Several times a			Some of the	Most of the			
next row.	0				Never			month	week	Daily	Never	time	time	Always		
	Other:				O	O	'	O	O	O	O	O	O	O		
	Were v	ou in any	of the follo	wing		Year st	arted			ar ended (			th of time ex			
10. Submarines?	were y	submar		•••••		(YYY				•						
No Yes		Mark all th				(	.,.		if current, put this year: (yrs/mos):							
0 0									How often did yo				vou use hea	- <u></u> ou use hearing		
If Yes, please answer	0	Attack			F	low often	were y	ou arou	ınd <u>loud</u> no	ise?		protection while in loud noise?				
the questions to the	0	Guided mis	cilo			Seve	ral S	Several	Several			Some of	Most of			
right. If No, proceed to		Guided IIIIs	SIIC			time	sa t	times a	times a			the	the			
next row.	0	Ballistic mi	ccila		Never	yea	r ı	month	week	Daily	Never	time	time	Always		
	)	Damstie iii.	33110		<u> </u>	0		0		<u> </u>			O			
11. Other type of			r started					ended	•		L	_	ime exposed			
noise:		(	YYYY):				if curre	nt, put	this year:			(yrs,	/mos)			
		_					_		· <u> </u>							
		How oft	en were vo	ou around le	oud noise	?			_							
If other tune of noise is			•	_				ŀ	low often d	id you use	hearing pro	otection w	hile in <u>loud</u> r	noise?		
If other type of noise is		Sev		Several	Seve								6.1			
provided, please answer questions to	N	tim		times a	time		D = !!!		NI.		Some of the			A l		
the right.	Never	ye		month	wee	2K	Daily		Never		time	tin		Always		
the right.	0		)	0	0		0		0		0		)	0		

**Chemical Exposure** 

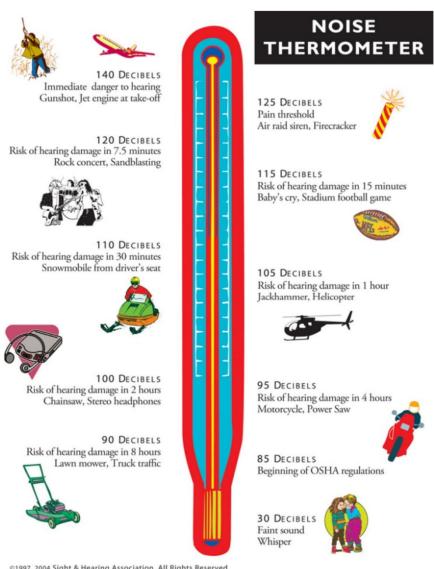
Military Occupational Solvent/Chemical Exp			_	ob you answe additional que	•	5. How	often wer solven	e you in co			6. How often did you wear protective gear? (respirator, eye gear, mask, face shield, gloves, clothes)			
Have you ever been in contact with any of the following solvents or chemicals?      No Yes			2. Year started (YYYY)	3. Year ended (YYYY) if current, put this year	4. Length of time exposed (#yrs/mos)	Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
A. Ethyl benzene	0	0				0	0	0	0	0	0	0	0	0
B. Toluene	0	0				0	0	0	0	0	0	0	0	0
C. Xylene	0	0				0	0	0	0	0	0	0	0	0
D. Styrene	0	0				0	0	0	0	0	0	0	0	0
E. n-Hexane	0	0				0	0	0	0	0	0	0	0	0
F. Carbon monoxide	0	0				0	0	0	0	0	0	0	0	0
G.Trichloroethylene (TCE)	0	0				0	0	0	0	0	0	0	0	0
H. Lead	0	0				0	0	0	0	0	0	0	0	0
I. Acrylonitrile	0	0				0	0	0	0	0	0	0	0	0
J. n-Butylalcohol	0	0				0	0	0	0	0	0	0	0	0
K. Carbon Disulfide	0	0				0	0	0	0	0	0	0	0	0
L. Cyanide (including hydrogen cyanide)	0	0				0	0	0	0	0	0	0	0	0
M. n-Heptane	0	0				0	0	0	0	0	0	0	0	0
N. Mercury (alkyl compounds)	0	0				0	0	0	0	0	0	0	0	0
O. Mercury (inorganic compounds)	0	0				0	0	0	0	0	0	0	0	0
P. Mercury (vapor)	0	0				0	0	0	0	0	0	0	0	0
Q. x-Methyl-styrene	0	0				0	0	0	0	0	0	0	0	0
R. Welding fumes	0	0				0	0	0	0	0	0	0	0	0
S. Burn pits	0	0				0	0	0	0	0	0	0	0	0

#### Lifetime Exposure to Noise and Solvents (LENS-Q)

### **NON-OCCUPATIONAL EXPOSURE HISTORY**

The following questions are about your NON-OCCUPATIONAL noise exposure history. Please answer the questions thinking about non-occupational noise exposures you have experienced over your entire lifetime both in and out of the military. This would include recreational and leisure activities that you have participated in over your lifetime.

To help you understand what we mean by "exposed to loud noise" see the "NOISE THERMOMETER" provided in your questionnaire packet for examples of loud sounds. You are most likely "exposed to loud noise" if you are around activities at or above 85 decibels. Another example of loud noise is noise that makes it hard to talk to or hear another person or makes your ears ring after exposure.



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# Have you been exposed to noise during any of these non-job-related activities?

Firearms:

	a. Age first	c. I us	ed this for	(Check	all that apply)			e. How ofter	n were you arou	und <u>loud</u> noise?	
<b>1. Pistol?</b> No Yes	started:		get shooting		Other (please	specify):		Several	Several times	s Several times	
0 0	years old		Hunting			<del></del>	Never	times a year	a month	a week	Daily
If Yes, please answer							0	0	0	0	<u> </u>
questions a-f to the	b. Approximate		_	e, approx	imately how m	any rounds	f. How o	often did vou us	se hearing prote	ection while in <u>lou</u>	d noise?
right. If No, proceed	duration:	did	you fire?					,			<u></u>
to next row.	years	4.00	100.000	1000-	10,000-	50,000			6.1		
	months	1-99	100-999	9999	49,999	or more	Neve	r Some o	_	Most of the time	Always
	a. Age first	0	0	(Ch = -1)	0	0	0	- 11 <b>6</b>	0	0	0
2 0	started:			•	all that apply)			e. How ofter	n were you arou	und <u>loud</u> noise?	
<b>2. Revolver?</b> No Yes	Starteu.	Tar	get shooting		Other (please	specify):		C	Carranal Aire	Several	
No Yes O O	years old		Lunting				Nover	Several	Several time		Daily
If Yes, please answer			Hunting				Never O	times a year	month O	week O	Daily O
questions a-f to the	b. Approximate	d Duri	ing this time	annrov	imately how m	any rounds					
right. If No, proceed	duration:		you fire?		-	-	f. How o	often did you us	se hearing prote	ection while in <u>lou</u>	<u>d</u> noise?
to next row.	years			1000-	10,000-	50,000					
	months	1-99	100-999	9999	49,999	or more	Neve	r Some o	of the time	Most of the time	Always
		0	0	0	0	O	0		0	0	
2 -10 2	a. Age first			· •	all that apply)			e. How ofter	n were you arou	una <u>ioua</u> noise?	
<b>3. Rifle?</b> No Yes	a. Age first started:		ed this for get shooting	· ·	all that apply) Other (please	specify):		e. How ofter Several	Several times	<del></del>	
	_	Tar		· ·	,	specify):	Never		·	<del></del>	Daily
No Yes O O If Yes, please answer	started: years old	Tarş	get shooting  Hunting		Other (please		Never O	Several	Several times	s Several times	
No Yes O O	started:	Tarş	get shooting  Hunting		,		0	Several times a year O	Several times a month O	s Several times a week	Daily O
No Yes O O If Yes, please answer questions a-f to the	started:years old b. Approximate	d. Duri	get shooting  Hunting  ing this time you fire?		Other (please		0	Several times a year O	Several times a month O	s Several times a week O	Daily O
No Yes O If Yes, please answer questions a-f to the right. If No, proceed	started: years old b. Approximate duration:	d. Duri did	get shooting  Hunting  ing this time you fire?	e, approx	Other (please	any rounds	0	Several times a year O often did you us	Several times a month O se hearing prote	s Several times a week O	Daily O
No Yes O If Yes, please answer questions a-f to the right. If No, proceed	started:years old b. Approximate duration:years	d. Duri	get shooting  Hunting  ing this time you fire?	e, approx	Other (please	any rounds	f. How o	Several times a year O often did you us	Several times a month O se hearing prote	s Several times a week O ection while in <u>lou</u>	Daily O <u>d</u> noise?
No Yes O If Yes, please answer questions a-f to the right. If No, proceed	started:years old  b. Approximate duration:yearsmonths  a. Age first	d. Duri did	get shooting  Hunting  ing this time you fire?  100-999	2, approx 1000- 9999 O	Other (please imately how m 10,000- 49,999	any rounds 50,000 or more	f. How o	Several times a year O often did you us	Several times a month O  se hearing protection of the time O	s Several times a week O ection while in <u>lou</u>	Daily O d noise?  Always
No Yes O If Yes, please answer questions a-f to the right. If No, proceed	started:years old b. Approximate duration:yearsmonths	d. Duri did 1-99 O	get shooting  Hunting  ing this time you fire?  100-999	1000- 9999 O (Check o	Other (please  imately how m  10,000- 49,999  O  all that apply)	50,000 or more	f. How o	Several times a year O often did you us	Several times a month O  se hearing protection of the time O	s Several times a week O ection while in <u>lou</u> Most of the time	Daily O d noise?  Always
No Yes O O  If Yes, please answer questions a-f to the right. If No, proceed to next row.  4. Shotgun? No Yes	started: years old  b. Approximate     duration:    years    months  a. Age first started:	d. Duri did 1-99 O c. I use	get shooting  Hunting  ing this time you fire?  100-999  O  ed this for get shooting	1000- 9999 O (Check o	Other (please imately how m 10,000- 49,999	50,000 or more	f. How o	Several times a year O often did you us of you	Several times a month O  se hearing protection of the time O	Several times a week O ection while in lou  Most of the time O und loud noise? Several	Daily O  d noise?  Always O
No Yes O O  If Yes, please answer questions a-f to the right. If No, proceed to next row.  4. Shotgun? No Yes O O	started:years old  b. Approximate duration:yearsmonths  a. Age first	d. Duri did 1-99 O c. I use	get shooting  Hunting  ing this time you fire?  100-999  O  ed this for	1000- 9999 O (Check o	Other (please  imately how m  10,000- 49,999  O  all that apply)	50,000 or more	Neve	Several times a year  O  often did you us  r Some o  e. How ofter  Several times a year	Several times a month O  See hearing protection of the time O  n were you around Several time month	Several times a week O ection while in lou  Most of the time O und loud noise? Several es a times a week	Daily O d noise? Always O
No Yes O O  If Yes, please answer questions a-f to the right. If No, proceed to next row.  4. Shotgun? No Yes O O  If Yes, please answer	started:  years old  b. Approximate     duration:     years     months  a. Age first     started:     years old	d. Duri did 1-99 O c. I use	get shooting  Hunting  ing this time you fire?  100-999  C  ed this for get shooting  Hunting  Hunting	2, approx 1000- 9999 O (Check o	Other (please  imately how m  10,000- 49,999  O  all that apply)  Other (please	50,000 or more O	f. How o	Several times a year O often did you us of you	Several times a month O  se hearing protes of the time O  n were you arou	Several times a week O ection while in lou  Most of the time O und loud noise? Several es a times a	Daily O  d noise?  Always O
No Yes O O  If Yes, please answer questions a-f to the right. If No, proceed to next row.  4. Shotgun? No Yes O O	started: years old  b. Approximate     duration:    years    months  a. Age first started:	d. Duri did 1-99 C. I usa Targ	get shooting  Hunting  ing this time you fire?  100-999  C  ed this for get shooting  Hunting  Hunting	2, approx 1000- 9999 O (Check o	Other (please  imately how m  10,000- 49,999  O  all that apply)	50,000 or more O	Never	Several times a year O often did you us of ten d	Several times a month O  See hearing protection of the time O  No were you around the company of the time of the t	Several times a week O ection while in lou  Most of the time O und loud noise? Several es a times a week	Daily O d noise?  Always O Daily O
No Yes O O If Yes, please answer questions a-f to the right. If No, proceed to next row.  4. Shotgun? No Yes O O If Yes, please answer questions a-f to the	started: years old  b. Approximate duration:yearsmonths  a. Age first started:years old  b. Approximate	d. Duri did 1-99 C. I usa Targ	get shooting  Hunting  ing this time you fire?  100-999  ed this for get shooting  Hunting  Hunting  ing this time	2, approx 1000- 9999 O (Check o	Other (please  imately how m  10,000- 49,999  O  all that apply)  Other (please	50,000 or more O	Never	Several times a year O often did you us of ten d	Several times a month O  See hearing protection of the time O  No were you around the company of the time of the t	Several times a week O ection while in lou  Most of the time O und loud noise? Several es a times a week O	Daily O d noise?  Always O Daily O
No Yes O O  If Yes, please answer questions a-f to the right. If No, proceed to next row.  4. Shotgun? No Yes O O  If Yes, please answer questions a-f to the right. If No, proceed	started: years old  b. Approximate     duration:    years    months  a. Age first     started:    years old  b. Approximate     duration:	d. Duri did 1-99 C. I usa Targ	get shooting  Hunting  ing this time you fire?  100-999  ed this for get shooting  Hunting  Hunting  ing this time	1000- 9999 O (Check o	Other (please  imately how m  10,000- 49,999  Oall that apply)  Other (please	any rounds  50,000 or more O  specify): any rounds	Never	Several times a year O often did you us e. How ofter Several times a year O often did you us	Several times a month O  se hearing protes of the time O  n were you arou  Several time month O  se hearing protes	Several times a week O ection while in lou  Most of the time O und loud noise? Several es a times a week O	Daily O d noise?  Always O Daily O

Stereo headphones/earphones:

Have you ever used sto					a. Age first	b	. Approximate	duration:	c. How oft	listen to your headphones, earbuds?				
headphones/earphone			_	Yes	started:					Several tim				
If Yes, please answer qu	uestion	s a-c to	· O	0				s and	Never	a year	-	nonth	a week	Daily
the right.	:			years ol	ia	mon	itris	0	0		0	0	0	
Other non-occupational NON-Occupational	activit	ies:	If ves	nlea	se answer	ing that time,	vere vou aro	und loud	5 Hc	w often did	l vou use he	aring		
NON-Occupational				•	iestions 2-5	4. Dui	ing that time,	noise?	vere you aro	uliu <u>louu</u>	5. How often did you use hearing protection while in loud noise?			
1. Have you been expo	sed to r	noise	2. Age		Approximate		Several	Several	Several		•			
during any of these r	on-job		first		duration		times a	times a	times a			Some of	Most of	
related activities?			started		(#yrs/mos)	Never	year	month	week	Daily	Never	the time	the time	Always
Transportation: Have y			on a					1	ı	ı	1	1		
A. Motorboat	0	0				0	0	0	0	0	0	0	0	0
B. Motorcycle	0	0				0	0	0	0	0	0	0	0	0
C. Snow mobile	0	0				0	0	0	0	0	0	0	0	0
Music, attending: Have	you ev	er atte	nded a?										_	
A. Rock concert	0	0				0	0	0	0	0	0	0	0	0
B. Jazz concert	0	0				0	0	0	0	0	0	0	0	0
C. Discotheque /	0	0				0		0		0		0		0
Nightclub														
Music, performing: Ha			erformed in	a :										
A. Rock band	0	0		-   -		0	0	0	0	0	0	0	0	0
B. Orchestra	0	0				0	0	0	0	0	0	0	0	0
C. Symphony	0	0				0		0	0	0	0	0	0	0
Recreation: Have you		1	a Professio	nal or	College									
A. Basketball game	0	0				0	0	0	0	0	0	0	0	0
B. Football game	0	0				0	0	0	0	0	0	0	0	0
C. Hockey game	0	0				0	0	0	0	0	0	0	0	0
D. Baseball game	0	0				0	0	0	0	0	0	0	0	0
Recreation: Have you	ever att	ended	a										_	
A. Aerobics exercise	0	0					0	0		0		0		0
class														
B. Car race	0	0				0	0	0	0	0	0	0	0	0
C. Monster truck show	0	0				0	0	0	0	0	0	0	0	0
D. Demolition derby	0	0				0	0	0	0	0	0	0	0	0
E. Fireworks show	0	0				0	0	0	0	0	0	0	0	0

NON-Occupational		If yes, please answer additional questions 2-5		4. During	that time	, how often w	vere you ard	5. How often did you use hearing protection while in loud noise?						
1 Have very been some		-!						noise?			prot	ection while	e in <u>loud</u> no	ise?
1. Have you been expo during any of these nor			2. Age first	3. Appro durat			Several	Several	Several					
activities?	1 100 10	iatea	started	(#yrs/			times a		times a			Some of	Most of	
		(,,		Never	year	month	week	Daily	Never	the time	the time	Always		
Woodworking/Power	tools: H	ave yo	ı ever used a								•			
A. Drill, electric	0	0				0	0	0	0	0	0	0	0	0
B. Drill, pneumatic	0	0				0	0	0	0	0	0	0	0	0
C. Hammer	0	0				0	0	0	0	0	0	0	0	0
D. Jointer	0	0				0	0	0	0	0	0	0	0	0
E. Lathe	0	0				0	0	0	0	0	0	0	0	0
F. Molder	0	0				0	0	0	0	0	0	0	0	0
G. Planer	0	0				0	0	0	0	0	0	0	0	0
H. Router	0	0				0	0	0	0	0	0	0	0	0
I. Sander	0	0				0	0	0	0	0	0	0	0	0
J. Power saw	0	0				0	0	0	0	0	0	0	0	0
Yard and garden: Have	you ev	er used	a											
A. Chain saw	0	0				0	0	0	0	0		0	0	0
B. Tractor	0	0				0	0	0	0	0	0	0	0	0
C. Lawn mower, gas powered	0	0				0	0	0	0	0	0	0	0	0
D. Edger/trimmer	0	0				0	0	0	0	0	0	0	0	0
E. Leaf blower	0	0				0	0	0	0	0	0	0	0	0
F. Weed whacker	0	0				0	0	0	0	0	0	0	0	0
G. Snow blower	0	0				0	0	0	0	0	0	0	0	0
Other: Have you been	exposed	to any	other non-od	ccupational	noise sou	ırces?								
H. Other:	0	0				0	0	0	0	0	0	0	0	0
I. Other:	0	0				0	0	0	0	0	0	0	0	0
Sudden, intense noise:														
Have you ever undergo	-		•	No	Vos	Type of noi	-	Your age whe	en Which	ear or side	of your head	d was expos	ed?	
accidental exposure to	sudden	, intens	se noise?	No O	Yes	were expos	ed to:	exposed:	Left ea		kight ear/side Both ears/sides		<u> </u>	Not sure

**Chemical or solvent exposures:** 

NON-Occupational Solvent/Chemical Exp	osures			ob you answe additional que	estions 2-6	5. How	often wer solven	e you in c			6. How often did you wear protective gear? (respirator, eye gear, mask, face shield, gloves, clothes)			
Have you been in contact with any of the following solvents or chemicals in your NON-Occupational/Recreation activities?      No Yes			2. Year started (YYYY)	3. Year ended (YYYY) if current, put this year	4. Length of time exposed (#yrs/mos)	Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
A. Ethyl benzene	0	0				0	0	0	0	0	0	0	0	0
B. Toluene	0	0				0	0	0	0	0	0	0	0	0
C. Xylene	0	0				0	0	0	0	0	0	0	0	0
D. Styrene	0	0				0	0	0	0	0	0	0	0	0
E. n-Hexane	0	0				0	0	0	0	0	0	0	0	0
F. Carbon monoxide	0	0				0	0	0	0	0	0	0	0	0
G.Trichloroethylene (TCE)	0	0				0	0	0	0	0	0	0	0	0
H. Lead	0	0				0	0	0	0	0	0	0	0	0
I. Acrylonitrile	0	0				0	0	0	0	0	0	0	0	0
J. n-Butylalcohol	0	0				0	0	0	0	0	0	0	0	0
K. Carbon Disulfide	0	0				0	0	0	0	0	0	0	0	0
L. Cyanide (including hydrogen cyanide)	0	0				0	0	0	0	0	0	0	0	0
M. n-Heptane	0	0				0	0	0	0	0	0	0	0	0
N. Mercury (alkyl compounds)	0	0				0	0	0	0	0	0	0	0	0
O. Mercury (inorganic compounds)	0	0				0	0	0	0	0	0	0	0	0
P. Mercury (vapor)	0	0				0	0	0	0	0	0	0	0	0
Q. x-Methyl-styrene	0	0				0	0	0	0	0	0	0	0	0
R. Welding fumes	0	0				0	0	0	0	0	0	0	0	0
S. Burn pits	0	0				0	0	0	0	0	0	0	0	0