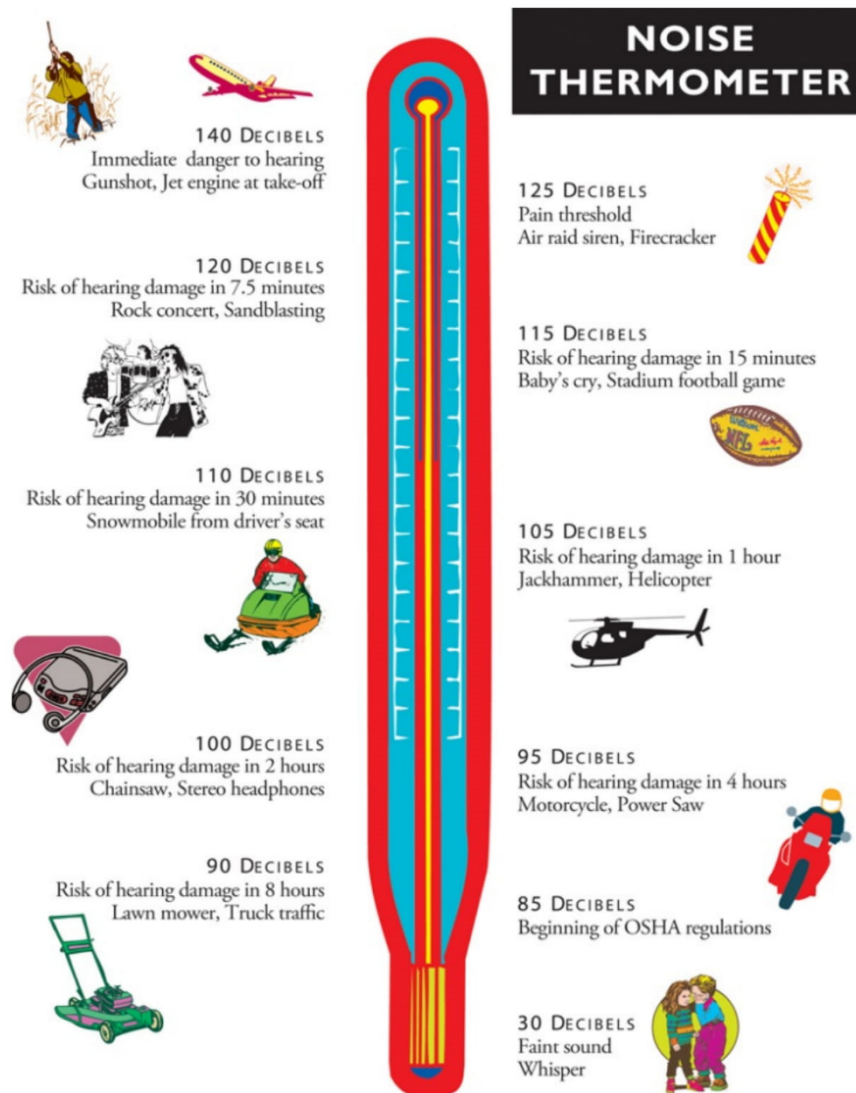


Lifetime Exposure to Noise and Solvents (LENS-Q)

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

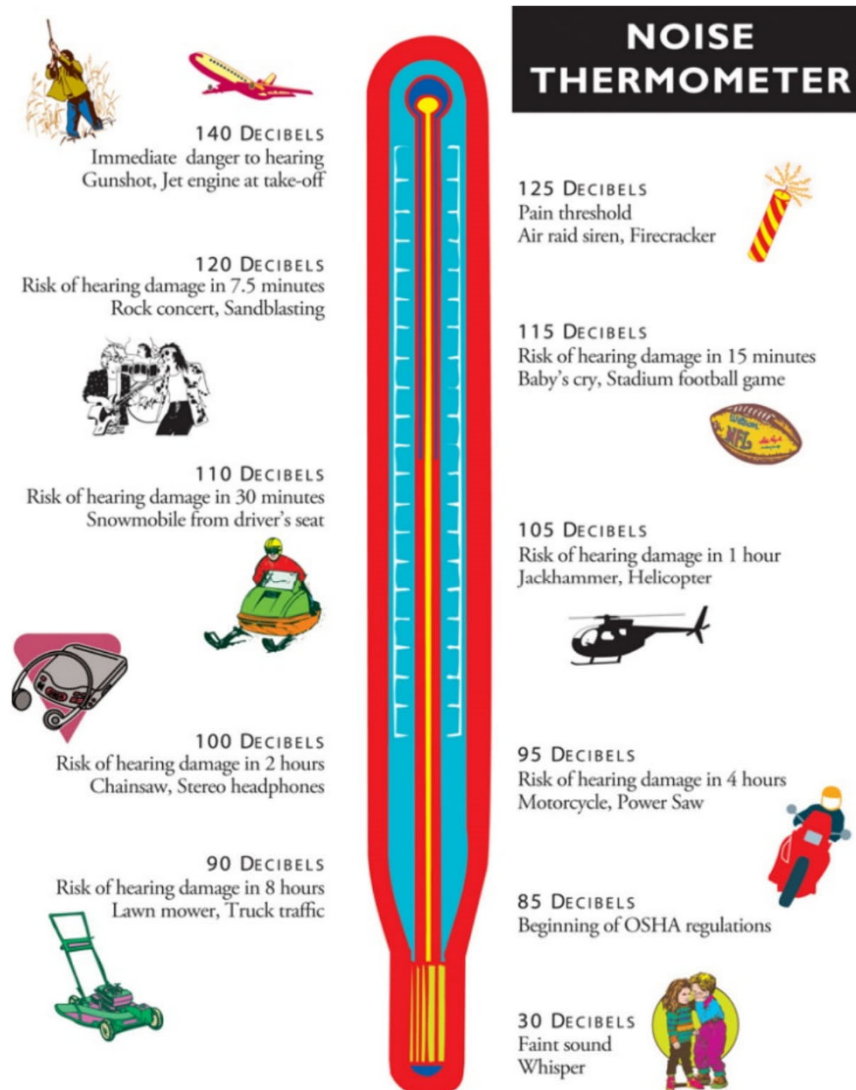
NON-Military Occupational 1. Did you work any of these types of jobs? No Yes			For each job you answer yes, please answer additional questions 2-6			5. During that time, how often were you around loud noise?					6. How often did you use hearing protection while in loud noise?			
			2. Year started (YYYY)	3. Year ended (YYYY) <i>if current, put this year</i>	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	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Construction	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Industrial	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Manufacturing	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Carpentry	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Airport Staff	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Agricultural / Farming	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Logging/Lumber industry	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Mining	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Printing	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Entertainment (<i>nightclubs, disco, concert, live show, sporting event</i>)	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Musician (<i>band, orchestra, symphony</i>)	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Transportation (<i>ship, train, plane, truck</i>)	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Fisherman / Merchant Marine	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Emergency (<i>police, fire, EMT</i>)	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Other:	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. Other:	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R. Other:	<input type="radio"/>	<input type="radio"/>	_____	_____	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Did you use firearms in any of your non-military jobs? No Yes <input type="radio"/> <input type="radio"/>			8. If Yes, approximately how many total rounds did you fire? (1 round = 1 shot)		One to less than 100 rounds	100 rounds to less than 1000 rounds	1000 rounds to less than 10,000 rounds	10,000 rounds to less than 50,000 rounds	50,000 rounds or more					
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

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.



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 have during your MILITARY service?*	Year started (YYYY)	Year ended (YYYY) if current, put this year	Length of time at job (yrs/mos)	How often were you around <u>loud</u> noise?					How often did you use hearing protection while in <u>loud</u> noise?			
				Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
JOB TITLE 1:	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JOB TITLE 1 Occupational Specialty Code (MOS; Ranking): _____												

*You will have the opportunity to list other jobs later in this questionnaire

Were you exposed to any of the following during your time in this job (Job Title 1)?												
1. Rotary-winged aircraft? No Yes <input type="radio"/> <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	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? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
	Was a weapon or weapons system ever fired? No Yes <input type="radio"/> <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 10-50 51-100 101-1000 1001 or more <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>										
2. Fixed-winged aircraft? No Yes <input type="radio"/> <input type="radio"/> <i>If yes, please answer the questions to the right. If not, proceed to next row.</i>	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? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
	Was a weapon or weapons system ever fired? No Yes <input type="radio"/> <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 10-50 51-100 101-1000 1001 or more <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>										
3. Tracked vehicles (tanks and heavy construction equipment)? No Yes <input type="radio"/> <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	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? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
	Was a weapon or weapons system ever fired? No Yes <input type="radio"/> <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 10-50 51-100 101-1000 1001 or more <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>										

Were you exposed to any of the following during your time in this job (Job Title 1)?

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

Were you exposed to any of the following during your time in this job (Job Title 1)?									
8. Electrical Generation Equipment (Generator Farms, Towed Generators, etc.) No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos) ____-____	How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>			How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
9. Aircraft Carrier/Ship? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Mark all applicable job descriptions:		Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos): ____-____				
	<input type="radio"/> Flight Deck Controller/ Observer/Fueler		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Launch and Recovery (Catapult Crew, Guides)								
	<input type="radio"/> Maintenance and Repair		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Avionics, Hydraulics, Calibration								
	<input type="radio"/> Food and Laundry Personnel		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Security and Watch Personnel								
<input type="radio"/> Office and Clinic Personnel		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>					
<input type="radio"/> Other: _____									
10. Submarines? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Were you in any of the following submarines? <i>Mark all that apply:</i>		Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos): ____-____				
	<input type="radio"/> Attack		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Guided missile								
	<input type="radio"/> Ballistic missile		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
11. Other type of noise: _____ <i>If other type of noise is provided, please answer questions to the right.</i>	Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos) ____-____						
	How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>			How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>					

What types of jobs did you have during your MILITARY service?*	Year started (YYYY)	Year ended (YYYY) <i>if current, put this year</i>	Length of time at job (yrs/mos)	How often were you around <u>loud</u> noise?					How often did you use hearing protection while in <u>loud</u> noise?			
				Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
JOB TITLE 2:	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JOB TITLE 2 Occupational Specialty Code (MOS; Ranking): _____												

*You will have the opportunity to list other jobs later in this questionnaire

Were you exposed to any of the following during your time in this job (Job Title 2)?												
1. Rotary-winged aircraft? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Year started (YYYY): _____	Year ended (YYYY) <i>if current, put this year:</i> _____	Length of time exposed (yrs/mos) _____		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>		
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>										
2. Fixed-winged aircraft? No <input type="radio"/> Yes <input type="radio"/> <i>If yes, please answer the questions to the right. If not, proceed to next row.</i>	Year started (YYYY): _____	Year ended (YYYY) <i>if current, put this year:</i> _____	Length of time exposed (yrs/mos) _____		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>		
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>										
3. Tracked vehicles (tanks and heavy construction equipment)? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Year started (YYYY): _____	Year ended (YYYY) <i>if current, put this year:</i> _____	Length of time exposed (yrs/mos) _____		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>		
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>										

Were you exposed to any of the following during your time in this job (Job Title 2)?

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

Were you exposed to any of the following during your time in this job (Job Title 2)?									
8. Electrical Generation Equipment (Generator Farms, Towed Generators, etc.) No Yes <input type="radio"/> <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos) ____-____		How often were you around <u>loud</u> noise? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
	Was a weapon or weapons system ever fired? No Yes <input type="radio"/> <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 101- 1-9 10-50 51-100 1000 1001 or more <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
9. Aircraft Carrier/Ship? No Yes <input type="radio"/> <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Mark all applicable job descriptions:		Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos): ____-____				
	<input type="radio"/> Flight Deck Controller/ Observer/Fueler		How often were you around <u>loud</u> noise? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
	<input type="radio"/> Launch and Recovery (Catapult Crew, Guides)								
	<input type="radio"/> Maintenance and Repair								
	<input type="radio"/> Avionics, Hydraulics, Calibration								
	<input type="radio"/> Food and Laundry Personnel								
	<input type="radio"/> Security and Watch Personnel								
<input type="radio"/> Office and Clinic Personnel									
<input type="radio"/> Other: _____									
10. Submarines? No Yes <input type="radio"/> <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Were you in any of the following submarines? <i>Mark all that apply:</i>		Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos): ____-____				
	<input type="radio"/> Attack		How often were you around <u>loud</u> noise? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
	<input type="radio"/> Guided missile								
	<input type="radio"/> Ballistic missile								
11. Other type of noise: _____ <i>If other type of noise is provided, please answer questions to the right.</i>	Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos) ____-____						
	How often were you around <u>loud</u> noise? Never Several times a year Several times a month Several times a week Daily <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				How often did you use hearing protection while in <u>loud</u> noise? Never Some of the time Most of the time Always <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				

What types of jobs did you have during your MILITARY service?	Year started (YYYY)	Year ended (YYYY) if current, put this year	Length of time at job (yrs/mos)	How often were you around <u>loud</u> noise?					How often did you use hearing protection while in <u>loud</u> noise?			
				Never	Several times a year	Several times a month	Several times a week	Daily	Never	Some of the time	Most of the time	Always
JOB TITLE 3:	_____	_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JOB TITLE 3 Occupational Specialty Code (MOS; Ranking): _____												

Were you exposed to any of the following during your time in this job (Job Title 3)?												
1. Rotary-winged aircraft? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	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? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>		
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>										
2. Fixed-winged aircraft? No <input type="radio"/> Yes <input type="radio"/> <i>If yes, please answer the questions to the right. If not, proceed to next row.</i>	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? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>		
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>										
3. Tracked vehicles (tanks and heavy construction equipment)? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	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? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>					How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>		
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>										

Were you exposed to any of the following during your time in this job (Job Title 3)?

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

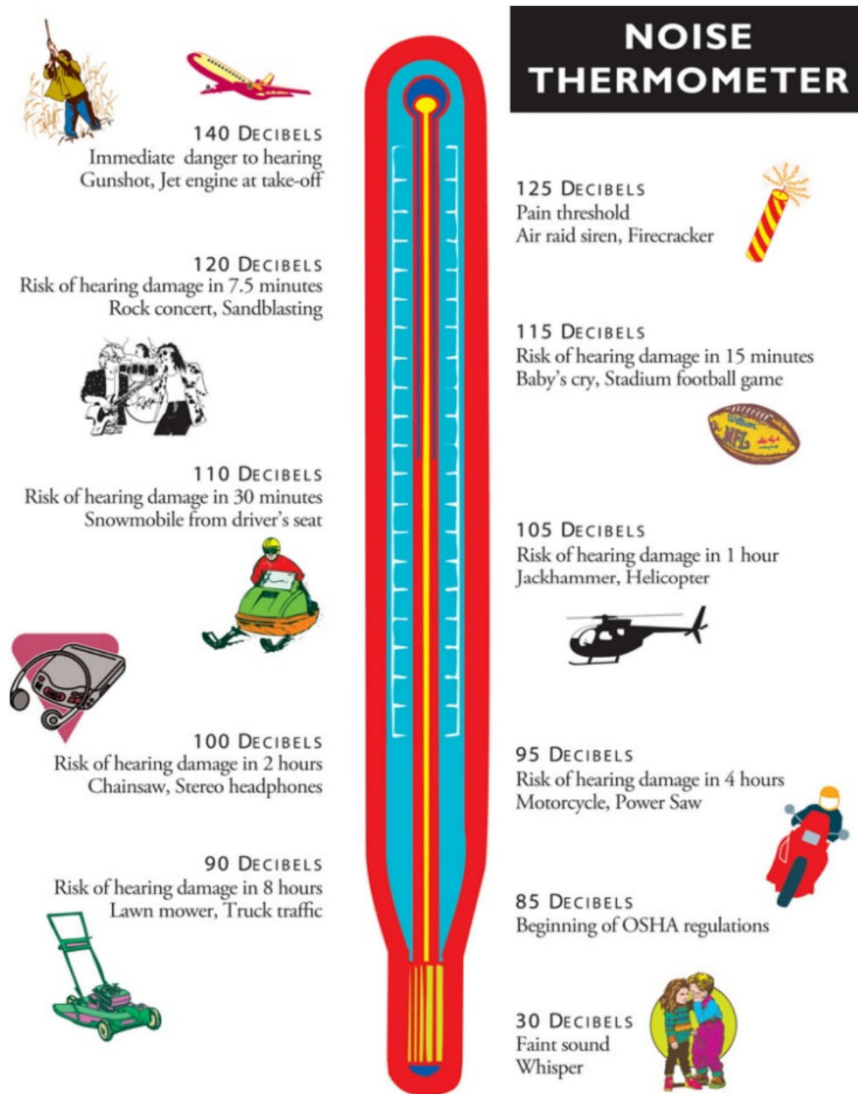
Were you exposed to any of the following during your time in this job (Job Title 3)?									
8. Electrical Generation Equipment (Generator Farms, Towed Generators, etc.) No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos) ____-____		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>				
	Was a weapon or weapons system ever fired? No <input type="radio"/> Yes <input type="radio"/>	If Yes, approximately how many rounds were fired in a given day? Rounds are defined as the number of shots fired, missiles dropped, etc. 1-9 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 101-1000 <input type="radio"/> 1001 or more <input type="radio"/>			How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
9. Aircraft Carrier/Ship? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Mark all applicable job descriptions:		Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos): ____-____				
	<input type="radio"/> Flight Deck Controller/ Observer/Fueler		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Launch and Recovery (Catapult Crew, Guides)								
	<input type="radio"/> Maintenance and Repair		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Avionics, Hydraulics, Calibration								
	<input type="radio"/> Food and Laundry Personnel		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Security and Watch Personnel								
<input type="radio"/> Office and Clinic Personnel		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>					
<input type="radio"/> Other: _____									
10. Submarines? No <input type="radio"/> Yes <input type="radio"/> <i>If Yes, please answer the questions to the right. If No, proceed to next row.</i>	Were you in any of the following submarines? <i>Mark all that apply:</i>		Year started (YYYY): ____-____	Year ended (YYYY) <i>if current, put this year:</i> ____-____	Length of time exposed (yrs/mos): ____-____				
	<input type="radio"/> Attack		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>				
	<input type="radio"/> Guided missile								
<input type="radio"/> Ballistic missile		How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>					
11. Other type of noise: _____ <i>If other type of noise is provided, please answer questions to the right.</i>	Year started (YYYY): ____-____								Year ended (YYYY) <i>if current, put this year:</i> ____-____
	How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/>		How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/>						

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.



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

Firearms:

<p>1. Pistol? No <input type="radio"/> Yes <input type="radio"/></p> <p><i>If Yes, please answer questions a-f to the right. If No, proceed to next row.</i></p>	<p>a. Age first started: ___ years old</p>	<p>c. I used this for... (Check all that apply) Target shooting <input type="checkbox"/> Hunting <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/></p>	<p>e. How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/></p>	
	<p>b. Approximate duration: ___ years ___ months</p>	<p>d. During this time, approximately how many rounds did you fire? 1-99 <input type="radio"/> 100-999 <input type="radio"/> 1000-9999 <input type="radio"/> 10,000-49,999 <input type="radio"/> 50,000 or more <input type="radio"/></p>	<p>f. How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/></p>	
<p>2. Revolver? No <input type="radio"/> Yes <input type="radio"/></p> <p><i>If Yes, please answer questions a-f to the right. If No, proceed to next row.</i></p>	<p>a. Age first started: ___ years old</p>	<p>c. I used this for... (Check all that apply) Target shooting <input type="checkbox"/> Hunting <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/></p>	<p>e. How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/></p>	
	<p>b. Approximate duration: ___ years ___ months</p>	<p>d. During this time, approximately how many rounds did you fire? 1-99 <input type="radio"/> 100-999 <input type="radio"/> 1000-9999 <input type="radio"/> 10,000-49,999 <input type="radio"/> 50,000 or more <input type="radio"/></p>	<p>f. How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/></p>	
<p>3. Rifle? No <input type="radio"/> Yes <input type="radio"/></p> <p><i>If Yes, please answer questions a-f to the right. If No, proceed to next row.</i></p>	<p>a. Age first started: ___ years old</p>	<p>c. I used this for... (Check all that apply) Target shooting <input type="checkbox"/> Hunting <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/></p>	<p>e. How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/></p>	
	<p>b. Approximate duration: ___ years ___ months</p>	<p>d. During this time, approximately how many rounds did you fire? 1-99 <input type="radio"/> 100-999 <input type="radio"/> 1000-9999 <input type="radio"/> 10,000-49,999 <input type="radio"/> 50,000 or more <input type="radio"/></p>	<p>f. How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/></p>	
<p>4. Shotgun? No <input type="radio"/> Yes <input type="radio"/></p> <p><i>If Yes, please answer questions a-f to the right. If No, proceed to next row.</i></p>	<p>a. Age first started: ___ years old</p>	<p>c. I used this for... (Check all that apply) Target shooting <input type="checkbox"/> Hunting <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/></p>	<p>e. How often were you around <u>loud</u> noise? Never <input type="radio"/> Several times a year <input type="radio"/> Several times a month <input type="radio"/> Several times a week <input type="radio"/> Daily <input type="radio"/></p>	
	<p>b. Approximate duration: ___ years ___ months</p>	<p>d. During this time, approximately how many rounds did you fire? 1-99 <input type="radio"/> 100-999 <input type="radio"/> 1000-9999 <input type="radio"/> 10,000-49,999 <input type="radio"/> 50,000 or more <input type="radio"/></p>	<p>f. How often did you use hearing protection while in <u>loud</u> noise? Never <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> Always <input type="radio"/></p>	

NON-Occupational 1. Have you been exposed to noise during any of these non-job-related activities?	If yes, please answer additional questions 2-5		4. During that time, how often were you around <u>loud</u> noise?					5. How often did you use hearing protection while in <u>loud</u> noise?				
	2. Age first started	3. Approximate duration (#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	
Woodworking/Power tools: Have you ever used a ...												
A. Drill, electric	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Drill, pneumatic	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Hammer	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Jointer	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Lathe	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Molder	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Planer	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Router	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Sander	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Power saw	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yard and garden: Have you ever used a ...												
A. Chain saw	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Tractor	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Lawn mower, gas powered	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Edger/trimmer	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Leaf blower	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Weed whacker	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Snow blower	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: Have you been exposed to any other non-occupational noise sources?												
H. Other: _____	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Other: _____	<input type="radio"/>	<input type="radio"/>	___	___ ___	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sudden, intense noise:

Have you ever undergone any non-occupational accidental exposure to sudden, intense noise?	No <input type="radio"/>	Yes <input type="radio"/>	Type of noise you were exposed to:	Your age when exposed:	Which ear or side of your head was exposed?
					Left ear/side <input type="radio"/>
					Right ear/side <input type="radio"/>
					Both ears/sides <input type="radio"/>
					Not sure <input type="radio"/>

