

## NOISE AND SOLVENT EXPOSURE QUESTIONNAIRE

We are interested in knowing about your noise exposure history over your entire lifetime.

This questionnaire is divided into 3 parts:

- 1) your **NON-MILITARY, OCCUPATIONAL** noise and solvent/chemical exposure;
- 2) your **MILITARY, OCCUPATIONAL** noise and solvent/chemical exposure;
- 3) your **NON-OCCUPATIONAL/RECREATIONAL** noise and solvent/chemical exposure.

### 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” 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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Month/Day/Year

## Lifetime Exposure to Noise and Solvents

### NON-Military Occupational

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

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Occupational Noise NON-Military				How often were you around loud noise?					How often did you use hearing protection while in loud noise?			
1a. Did you work in any of these types of jobs?	Year Started (YYYY)	Year Ended (YYYY)	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..... No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
B. Construction.....No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
C. Industrial..... No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
D. Manufacturing..No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
E. Carpentry.....No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
F. Airport Staff.....No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
G. Agricultural/ Farming..... No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
H. Logging/Lumber Industry..... No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
I. Mining.....No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○
J. Printing.....No Yes	_____	_____	____ ____	○	○	○	○	○	○	○	○	○

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Lifetime Exposure to Noise and Solvents

Month/Day/Year

NON-Military Occupational

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

Occupational Noise NON-Military (Continued)	Year Started (YYYY)	Year Ended (YYYY)	Length of time at job (#yrs/mos)	How often were you around loud noise?					How often did you use hearing protection while in loud 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	
K. Entertainment..No Yes <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"/>
L. Musician.....No Yes <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"/>
M. Transportation.No Yes <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"/>
N. Fisherman/..... No Yes 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"/>
O. Emergency ..... No Yes <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"/>
Other type of jobs:													
P. <input style="width: 150px; height: 20px;" type="text"/>	_____	_____	_____	<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. <input style="width: 150px; height: 20px;" type="text"/>	_____	_____	_____	<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. <input style="width: 150px; height: 20px;" type="text"/>	_____	_____	_____	<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"/>

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## Lifetime Exposure to Noise and Solvents

Month/Day/Year

### NON-Military Occupational

Please tell us about any solvent or chemical exposures that you have had in your **NON-MILITARY** work environment.

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Occupational NON-Military Chemical/Solvent Exposures				How often were you around chemicals?					How often did you wear protective gear? <small>(respirator, eye gear, mask, face shield, gloves, clothing)</small>			
1b. Have you been in contact with any of the following chemicals?	Year Started (YYYY)	Year Ended (YYYY)	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.. No Yes	_____	_____	____ ____ _____	<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. Toluene.....No Yes	_____	_____	____ ____ _____	<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. Xylene.....No Yes	_____	_____	____ ____ _____	<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. Styrene..... No Yes	_____	_____	____ ____ _____	<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. n-Hexane.....No Yes	_____	_____	____ ____ _____	<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. Carbon monoxide..... No Yes	_____	_____	____ ____ _____	<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. Trichloroethylene (TCE)..... No Yes	_____	_____	____ ____ _____	<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. Lead..... No Yes	_____	_____	____ ____ _____	<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. Acrylonitrile.....No Yes	_____	_____	____ ____ _____	<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. N-Butylalchol... No Yes	_____	_____	____ ____ _____	<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. Carbon disulphide..... No Yes	_____	_____	____ ____ _____	<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"/>

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Lifetime Exposure to Noise and Solvents  
NON-Military Occupational

Month/Day/Year

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Please tell us about any solvent or chemical exposures that you have had in your **NON-MILITARY** work environment.

Occupational NON-Military Chemical Solvent Exposures (Continued)				How often were you around chemicals?					How often did you wear protective gear? (respirator, eye gear, mask, face shield, gloves, clothing)			
1b. Have you been in contact with any of the following chemicals?	Year Started (YYYY)	Year Ended (YYYY)	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
L. Cyanide..... No Yes <i>(including hydrogen cyanide)</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"/>
M. n-Heptane..... No Yes	_____	_____	____ ____ ____	<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. Mercury..... No Yes <i>(alkyl compounds)</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"/>
O. Mercury..... No Yes <i>(inorganic compounds)</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"/>
P. Mercury..... No Yes <i>(vapor)</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"/>
Q. x-Methyl-styrene..... No Yes	_____	_____	____ ____ ____	<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. Welding fumes.. No Yes	_____	_____	____ ____ ____	<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"/>
S. Burn Pits..... No Yes	_____	_____	____ ____ ____	<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"/>

## **MILITARY, OCCUPATIONAL EXPOSURE HISTORY**

The following questions are about your **MILITARY, OCCUPATIONAL** noise and solvent/chemical exposure history. This includes occupational exposures you had **DURING** your military career. Please answer the questions thinking only about noise exposures you had during your military career. Please list up to four Job Titles (with your Occupational Specialty Codes e.g. MOS, Rating), during your military career, beginning with the most recent Job Title.

To help you understand what we mean by “exposed to loud noise” see the “NOISE THERMOMETER” 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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Lifetime Exposure to Noise and Solvents  
Military Occupational

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

Occupational Noise during Military Service				How often were you around loud noise?					How often did you use hearing protection?			
2a. What jobs did you have during your Military service?	Year Started (YYYY)	Year Ended (YYYY)	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
<b>JOB TITLE 1:</b> _____	_____	_____	_____	○	○	○	○	○	○	○	○	○
<b>Occupational Specialty Code (MOS; Ranking):</b>												
<b>Were you exposed to any of the following during your time in this job?</b>												
A. Artillery..... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
B. Explosion..... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
C. Planes Helicopters.. No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
D. Small arms... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
E. Tanks, other heavy equipment.... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
F. Aircraft carriers, ships submarines... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
G. Other types of noise: _____	_____	_____	_____	○	○	○	○	○	○	○	○	○
_____	_____	_____	_____	○	○	○	○	○	○	○	○	○

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Month/Day/Year

## Lifetime Exposure to Noise and Solvents

### Military Occupational

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

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Occupational Noise during Military Service				How often were you around loud noise?					How often did you use hearing protection?			
2b. What jobs did you have during your Military service?	Year Started (YYYY)	Year Ended (YYYY)	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
<b>JOB TITLE 2:</b> _____	_____	_____	_____	○	○	○	○	○	○	○	○	○
<b>Occupational Specialty Code (MOS; Ranking):</b>												
<b>Were you exposed to any of the following during your time in this job?</b>												
A. Artillery..... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
B. Explosion.....No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
C. Planes Helicopters.. No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
D. Small arms... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
E. Tanks, other heavy equipment... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
F. Aircraft carriers, ships submarines... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
G. Other types of noise:												
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	_____	_____	_____	○	○	○	○	○	○	○	○	○
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	_____	_____	_____	○	○	○	○	○	○	○	○	○

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Month/Day/Year

## Lifetime Exposure to Noise and Solvents Military Occupational

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

Occupational Noise during Military Service (Continued)				How often were you around loud noise?					How often did you use hearing protection?			
2c. What jobs did you have during your Military service?	Year Started (YYYY)	Year Ended (YYYY)	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
<b>JOB TITLE 3:</b> _____	_____	_____	_____	○	○	○	○	○	○	○	○	○
<b>Occupational Specialty Code (MOS; Ranking):</b>												
<b>Were you exposed to any of the following during your time in this job?</b>												
A. Artillery..... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
B. Explosion..... No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
C. Planes Helicopters..No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
D. Small arms...No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
E. Tanks, other heavy equipment....No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
F. Aircraft carriers, ships submarines..No Yes	_____	_____	_____	○	○	○	○	○	○	○	○	○
G. Other types of noise: _____	_____	_____	_____	○	○	○	○	○	○	○	○	○
_____	_____	_____	_____	○	○	○	○	○	○	○	○	○

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Month/Day/Year

## Lifetime Exposure to Noise and Solvents

### Military Occupational

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

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Occupational Noise during Military Service (Continued)				How often were you around loud noise?					How often did you use hearing protection?			
2d. What jobs did you have during your Military service?	Year Started (YYYY)	Year Ended (YYYY)	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
<b>JOB TITLE 4:</b>				○	○	○	○	○	○	○	○	○
<b>Occupational Specialty Code (MOS; Ranking):</b>												
<b>Were you exposed to any of the following during your time in this job?</b>												
A. Artillery.....	No	Yes		○	○	○	○	○	○	○	○	○
B. Explosion....	No	Yes		○	○	○	○	○	○	○	○	○
C. Planes Helicopters..	No	Yes		○	○	○	○	○	○	○	○	○
D. Small arms..	No	Yes		○	○	○	○	○	○	○	○	○
E. Tanks, other heavy equipment..	No	Yes		○	○	○	○	○	○	○	○	○
F. Aircraft carriers, ships submarines..	No	Yes		○	○	○	○	○	○	○	○	○
G. Other types of noise:				○	○	○	○	○	○	○	○	○
				○	○	○	○	○	○	○	○	○

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Lifetime Exposure to Noise and Solvents Month/Day/Year

Military Occupational

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Please tell us about any solvent or chemical exposures that you have had in your **MILITARY** work environment.

Occupational MILITARY Chemical/Solvent Exposures				How often were you around chemicals?					How often did you wear protective gear? (respirator, eye gear, mask, face shield, gloves, clothing)			
2e. Have you been in contact with any of the following chemicals?	Year Started (YYYY)	Year Ended (YYYY)	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.. No Yes	_____	_____	____ ____ _____	<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. Toluene.....No Yes	_____	_____	____ ____ _____	<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. Xylene.....No Yes	_____	_____	____ ____ _____	<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. Styrene.....No Yes	_____	_____	____ ____ _____	<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. n-Hexane.....No Yes	_____	_____	____ ____ _____	<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. Carbon monoxide..... No Yes	_____	_____	____ ____ _____	<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. Trichloroethylene (TCE)..... No Yes	_____	_____	____ ____ _____	<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. Lead..... No Yes	_____	_____	____ ____ _____	<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. Acrylonitrile.....No Yes	_____	_____	____ ____ _____	<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. N-Butylalchol... No Yes	_____	_____	____ ____ _____	<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. Carbon disulphide..... No Yes	_____	_____	____ ____ _____	<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"/>

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Lifetime Exposure to Noise and Solvents Month/Day/Year

Military Occupational

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Please tell us about any solvent or chemical exposures that you have had in your **MILITARY** work environment.

<b>Occupational MILITARY Chemical Solvent Exposures (Continued)</b>				<b>How often were you around chemicals?</b>					<b>How often did you wear protective gear? (respirator, eye gear, mask, face sheild, gloves, clothing)</b>			
2e. Have you been in contact with any of the following chemicals?	Year Started (YYYY)	Year Ended (YYYY)	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
L. Cyanide..... No Yes <i>(including hydrogen cyanide)</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"/>
M. n-Heptane..... No Yes	_____	_____	____ ____ ____	<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. Mercury..... No Yes <i>(alkyl compounds)</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"/>
O. Mercury..... No Yes <i>(inorganic compounds)</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"/>
P. Mercury..... No Yes <i>(vapor)</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"/>
Q. x-Methyl- styrene..... No Yes	_____	_____	____ ____ ____	<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. Welding fumes.. No Yes	_____	_____	____ ____ ____	<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"/>
S. Burn Pits..... No Yes	_____	_____	____ ____ ____	<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"/>

## **NON-OCCUPATIONAL NOISE 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” 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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Lifetime Exposure to Noise and Solvents Month/Day/Year

### NON-Occupational/Recreation Noise

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

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NON-Occupational/Recreation Noise			How often were you around loud noise?					How often did you use hearing protection while in loud noise?			
3a. Have you been exposed to noise during any of these non-job related activities?	Age first started	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
<b>GUNFIRE</b>											
A. Pistol..... No Yes	LL	LL LL	<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. Revolver..... No Yes	LL	LL LL	<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. Rifle..... No Yes	LL	LL LL	<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. Shotgun..... No Yes	LL	LL LL	<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"/>
Have you ever been:											
E. Hunting..... No Yes	LL	LL LL	<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. Target Shooting..... No Yes	LL	LL LL	<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>TRANSPORTATION</b>											
Have you ever been on a:											
A. Motor Boat..... No Yes	LL	LL LL	<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. Motorcycle..... No Yes	LL	LL LL	<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. Snowmobile..... No Yes	LL	LL LL	<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"/>

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Lifetime Exposure to Noise and Solvents Month/Day/Year

NON-Occupational/Recreation Noise

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

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NON-Occupational/Recreation Noise (Continued)					How often were you around loud noise?					How often did you use hearing protection while in loud noise?			
3a. Have you been exposed to noise during any of these non-job related activities?			Age first started	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
<b>MUSIC</b>													
<b>Have you ever attended a:</b>													
A. Rock concert.....	No	Yes	██	███	○	○	○	○	○	○	○	○	○
B. Jazz concert.....	No	Yes	██	███	○	○	○	○	○	○	○	○	○
C. Discotheque/Night club.....	No	Yes	██	███	○	○	○	○	○	○	○	○	○
<b>Have you ever played in a:</b>													
D. Rock band.....	No	Yes	██	███	○	○	○	○	○	○	○	○	○
E. Orchestra.....	No	Yes	██	███	○	○	○	○	○	○	○	○	○
F. Symphony.....	No	Yes	██	███	○	○	○	○	○	○	○	○	○
<b>Have you ever used:</b>					<b>How often did you listen to your earphones?</b>								
G. Stereo headphones/ Earphones	No	Yes	██	███	○	○	○	○	○				

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Lifetime Exposure to Noise and Solvents Month/Day/Year

NON-Occupational/Recreation Noise

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

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NON-Occupational/Recreation Noise (Continued)			How often were you around loud noise?					How often did you use hearing protection while in loud noise?			
3a. Have you been exposed to noise during any of these non-job related activities?	Age first started	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
<b>POWER TOOLS</b> Have you ever used a:											
A. Drill, electric.....	No Yes										
B. Drill, pneumatic.....	No Yes										
C. Hammer.....	No Yes										
D. Joints.....	No Yes										
E. Lathe.....	No Yes										
F. Molder.....	No Yes										
G. Planer.....	No Yes										
H. Router.....	No Yes										
I. Sander.....	No Yes										
J. Power saw.....	No Yes										

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Lifetime Exposure to Noise and Solvents      Month/Day/Year

NON-Occupational/Recreation Noise

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

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NON-Occupational/Recreation Noise (Continued)				How often were you around loud noise?					How often did you use hearing protection while in loud noise?			
3a. Have you been exposed to noise during any of these non-job related activities?	Age first started	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
<b>RECREATION</b>												
<b>Have you ever attended a Professional or College:</b>												
A. Basketball game.....	No Yes			<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. Football game.....	No Yes			<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. Hockey game.....	No Yes			<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. Baseball game.....	No Yes			<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>Have you ever attended an:</b>												
E. Aerobic exercise class.....	No Yes			<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. Car race.....	No Yes			<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. Monster truck show.....	No Yes			<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. Demolition derby.....	No Yes			<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. Fireworks show.....	No Yes			<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"/>

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Lifetime Exposure to Noise and Solvents Month/Day/Year

NON-Occupational/Recreational

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

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NON-Occupational/Recreation Noise (Continued)				How often were you around loud noise?					How often did you use hearing protection while in loud noise?			
3a. Have you been exposed to noise during any of these non-job related activities?	Age first started	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
<b>YARD AND GARDEN</b>												
<b>Have you ever used a:</b>												
A. Chain saw.....	No Yes			○	○	○	○	○	○	○	○	○
B. Tractor.....	No Yes			○	○	○	○	○	○	○	○	○
C. Lawn mower, gas powered..	No Yes			○	○	○	○	○	○	○	○	○
D. Edger/trimmer.....	No Yes			○	○	○	○	○	○	○	○	○
E. Leaf blower.....	No Yes			○	○	○	○	○	○	○	○	○
F. Weed whacker.....	No Yes			○	○	○	○	○	○	○	○	○
G. Snow blower.....	No Yes			○	○	○	○	○	○	○	○	○
<b>Other Non-Occupational Noise:</b>												
H. _____				○	○	○	○	○	○	○	○	○
I. _____				○	○	○	○	○	○	○	○	○



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Lifetime Exposure to Noise and Solvents

Month/Day/Year

NON-Occupational/Recreational

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Please tell us about any solvent or chemical exposures that you have had in your **NON-Occupational/Recreation** activities.

NON-Occupational/Recreation Chemical/Solvent Exposures				How often were you around chemicals?					How often did you wear protective gear? (respirator, eye gear, mask, face shield, gloves, clothing)			
3c. Have you been in contact with any of the following chemicals?	Year Started (YYYY)	Year Ended (YYYY)	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.. No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
B. Toluene.....No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
C. Xylene.....No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
D. Styrene..... No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
E. n-Hexane.....No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
F. Carbon monoxide..... No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
G. Trichloroethylene (TCE)..... No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
H. Lead..... No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
I. Acrylonitrile.....No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
J. N-Butylalchol... No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○
K. Carbon disulphide..... No Yes	_____	_____	____ ____ _____	○	○	○	○	○	○	○	○	○

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Month/Day/Year

# Lifetime Exposure to Noise and Solvents

## NON-Occupational/Recreational

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Please tell us about any solvent or chemical exposures that you have had in your **NON-Occupational/Recreation** activities.

NON-Occupational/Recreation Chemical Solvent Exposures (Continued)				How often were you around chemicals?					How often did you wear protective gear? (respirator, eye gear, mask, face sheild, gloves, clothing)			
3c. Have you been in contact with any of the following chemicals?	Year Started (YYYY)	Year Ended (YYYY)	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
L. Cyanide..... No Yes <i>(including hydrogen cyanide)</i>	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
M. n-Heptane..... No Yes	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
N. Mercury..... No Yes <i>(alkyl compounds)</i>	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
O. Mercury..... No Yes <i>(inorganic compounds)</i>	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
P. Mercury..... No Yes <i>(vapor)</i>	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
Q. x-Methylstyrene..... No Yes	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
R. Welding fumes.. No Yes	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○
S. Burn Pits..... No Yes	□□□□	□□□□	□□□□	○	○	○	○	○	○	○	○	○