

Health History Questionnaire

These are mostly yes/no questions administered on a computerized questionnaire via text. If a subject answers yes to a question there is the option to add comments. Either a nurse or clinical officer administers this questionnaire.

Visit date	INH treatment
Subject name	Rifamin treatment
Subject ID	PZA treatment
Tribe	Ethambutol treatment
Alternate name	Streptomycin treatment
Current address street	Other TB treatment
Current address city	TB Start date
Current address phone	TB Stop date
Occupation	Currently on aspirin
Place of employment	Currently on ibuprofen
Employment address street	Currently on diclofenac
Employment address city	Currently on quinine
Employment address phone	Currently on chlorquine
Father name	Currently on gentamycin
Father address street	History of IV malaria treatment
Father address city	History of IV fever treatment (likely IV gentamycin exposure)
Father address phone	History of IV diuretic use (likely IV furosemide exposure)
Father employment place	History of significant gentamycin exposure
Mother name	History of significant quinine exposure
Mother address street	History of significant chloroquine exposure
Mother address city	Stavudine treatment
Mother address phone	Stavudine start date
Mother employment place	Lamivudine treatment
Spouse name	Lamivudine start date
Spouse address street	Nevirapine treatment
Spouse address city	Nevirapine start date
Spouse address phone	Zidovudine treatment
Spouse employment place	Zidovudine start date
Friend1 name	Efavirenz treatment
Friend1 address street	Efavirenz start date
Friend1 address city	Abacavir treatment
Friend1 address phone	Abacavir start date
Friend1 employment place	Lopinavir treatment
Friend 2 name	Lopinavir start date
Friend2 address street	Ritonavir treatment
Friend2 address city	Ritonavir start date
Friend2 address phone	
Friend2 employment place	

Didanosine treatment
Didanosine start date
Saquinavir treatment
Saquinavir start date
Tenofavir treatment
Tenofavir start date
Emtricitabine treatment
Emtricitabine start date

Recent CD4 count
CD4 date
Cell phone use
Health History Comments
TB Retreatment
New ART
Diagnosis date

Hearing status questionnaire

This is a computerized audio/video questionnaire.

Adult Baseline Hearing Module

AI0101. Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or are you deaf? [adapted from NHANES AUQ. 131]

- a. Excellent
- b. Good
- c. A Little Trouble
- d. Moderate Hearing Trouble
- e. A Lot of Trouble
- f. Deaf
- g. Don't Know

Deaf Refers to inability to hear in both ears without the use of hearing aids.

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

AI0201. If answer above = d,e, or f, Have you had hearing trouble since birth?

- i. Yes
- ii. No
- iii. Don't Know

AI0301. If above= no, Did you ever have an illness that caused permanent hearing loss?

- i. Yes
- ii. No
- iii. Don't Know

Ear infections that caused temporary hearing loss do not count.

If above=yes

AI0401. What age?

AI0501. What was the illness like? (open-ended)

AI0601. Have you ever hit your head so hard you passed out?

- a. Yes
- b. No
- c. Don't Know

AI0701. Do you suffer from severe dizziness or imbalance?

- a. Yes
- b. No
- c. Don't Know

AI0801. Do you have trouble determining where sound is coming from?

- a. Yes
- b. No
- c. Don't Know

Example: When you cross the street, can you easily determine whether a car is coming from the right or left?

AI0901. How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are you playing? Would you say... [Adapted from NHIS 2007-ACN.400.00.100]

- a. Always
- b. Usually
- c. About half the time
- d. Seldom
- e. Never
- f. Don't Know

AI1001. How often does your hearing cause you to feel frustrated when talking to members of your family or friends? Would you say... [Adapted from NHIS 2007-ACN.400.00.110]

- a. Always
- b. Usually
- c. About half the time
- d. Seldom
- e. Never
- f. Don't Know

AI1101. Do you hear sounds normally but do not understand speech?

- a. Yes
- b. No
- c. Don't Know

Example: When using a phone that is working properly, you hear sounds but do not understand what the person on the other end is saying.

AI1201. If above = yes, Do you have more trouble understanding speech in one ear or the other?

- a. ? Right Ear
- b. ? Left Ear
- c. ? Same in both ears
- d. ? Don't Know

AI1301. Do you have blood relatives who have been deaf or very hard of hearing since birth?

- a. ? Yes
- b. ? No
- c. ? Don't Know

Blood relatives refer to blood (genetic) siblings, parents, cousins, aunts, and uncles only. [In question text in Swahili].

Deaf Refers to inability to hear in both ears without the use of hearing aids.

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

Very hard of hearing means that, without a hearing aid, a person is able to hear only some words when they are shouted into the better ear. [WHO definition]

AI1401. Have you had severe pain inside your ear for more than a few hours multiple times in your life?

- a. ? Yes
- b. ? No
- c. ? Don't Know

AI1501. Have you ever had ear drainage?

- a. ? Yes
- b. ? No
- c. ? Don't Know

Ear drainage refers to a fluid coming out of your ear. Water draining out of your ear after swimming or bathing does not count.

AI1601. Have you ever had a tube placed in your ear to drain the fluid from your ear? [adapted NHANES AUQ. 138]

- a. ? Yes
- b. ? No
- c. ? Don't Know

AI1701. Have you ever worn a hearing aid? [adapted from NHANES AUQ.150]

- a. ? Yes
- b. ? No
- c. ? Don't Know

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

AI1801. In the past 12 months have you been bothered by ringing, roaring, or buzzing in your ears or head that lasts for 5 minutes or more? [adapted from NHANES AUQ. 191]

- a. ? Yes
- b. ? No
- c. ? Don't Know

Tinnitus (tin-uh-tus) is the medical term for ringing, roaring, or buzzing in the ears or head.

AI1901. If above=yes, How long have you been bothered by this ringing, roaring, or buzzing in your ears or head? [adapted from NHANES AUQ. 250]

- i. ? Less than three months
- ii. ? Three months to a year
- iii. ? 1 to 4 years
- iv. ? 5 to 9 years
- v. ? Ten or more years
- vi. ? Don't Know

AI2001. If above=yes, In the past 12 months, how often have you had this ringing, roaring, or buzzing in your ears or head? Would you say... [adapted from NHIS 2007 ACN.412.00.030]

- i. ? almost always
- ii. ? at least once a day
- iii. ? at least once a week
- iv. ? at least once a month
- v. ? less frequently than once a month
- vi. ? Don't Know

AI2101. If above=yes, Are you bothered by ringing, roaring, or buzzing in your ears or head only after listening to loud sounds or loud music? [adapted from NHANES AUQ. 260]

- i. ? Yes
- ii. ? No
- iii. ? Don't Know

AI2201. If above=yes, Are you bothered by ringing, roaring, or buzzing in your ears or head

when going to sleep? [adapted from NHANES AUQ. 270]

- i. ? Yes
- ii. ? No
- iii. ? Don't Know

AI2301. If above=yes, Do you have the ringing, roaring, or buzzing in your ears or head after taking a medication?

- i. ? Yes
- ii. ? No
- iii. ? Don't Know

If Above = yes

AI2401. Medication name, dose (expand as needed)

AI2501. If above=yes, How much of a problem is this ringing, roaring, or buzzing in your ears or head? [adapted from NHANES AUQ. 280]

- i. ? No problem
- ii. ? A small problem
- iii. ? A moderate problem
- iv. ? A big problem
- v. ? A very big problem
- vi. ? Don't Know

AI2601. Have you ever used firearms for any reason? [adapted from NHANES New12]

- a. ? Yes
- b. ? No
- c. ? Don't Know

Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

AI2701. If above=yes, How many total rounds have you ever fired? [Adapted from NHANES New13]

- i. ? 1 to less than 100 rounds
- ii. ? 100 to less than 1000 rounds
- iii. ? 1000 to less than 10,000 rounds
- iv. ? 10,000 to less than 50,000 rounds
- v. ? 50,000 rounds or more
- vi. ? Don't Know

One round equals one shot.

AI2801. If above=yes, How often did you wear hearing protection devices (ear plugs, ear muffs) when shooting firearms? [Adapted from NHANES New14]

- i. ? Always
- ii. ? Usually
- iii. ? About half the time
- iv. ? Seldom
- v. ? Never
- vi. ? Don't Know

One round equals one shot.

Protective Hearing Device: A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective ear muffs.

AI2901. If above (II)=I, ii, ii, iv, What kind of hearing protection device did you use while shooting firearms ?

- i. ? Ear plugs, muffs, or headphones made by a company.
- ii. ? Cotton, tissue paper, or other home-made protector
- iii. ? Don't Know

AI3001. Have you ever had a job, or a combination of jobs where you were exposed to loud sounds or noise for 4 or more hours a day, several days a week? Loud means so loud that you must speak in a raised voice to be heard. [adapted from NHANES New15]

- a. ? Yes
- b. ? No
- c. ? Don't Know

AI3101. If above=yes, For how many months or years have you been exposed at work to loud sounds or noises for 4 or more hours a day, several days a week? [adapted from NHANES New16]

- i. ? Less than 3 months
- ii. ? 3 to 11 months
- iii. ? 1 to 2 years
- iv. ? 3 to 4 years
- v. ? 5 to 9 years
- vi. ? 10 to 14 years
- vii. ? 15 or more years
- viii. ? Don't Know

AI3201. If above=yes, In your work were you exposed to very loud noise? Very loud noise is noise that is so loud you have to shout in order to be understood by someone standing 3 feet away from you. [Adapted from NHANES New16]

- i. ? Yes
- ii. ? No
- iii. ? Don't Know

AI3301. If II above =yes, Please give me the total number of months or years for all jobs where there was very loud noise for 4 or more hours a day, several days a week. [adapted from NHANES New18]

- i. ? Less than 3 months
- ii. ? 3 to 11 months
- iii. ? 1 to 2 years
- iv. ? 3 to 4 years
- v. ? 5 to 9 years
- vi. ? 10 to 14 years
- vii. ? 15 or more years
- viii. ? Never exposed 12 hours/week
- ix. ? Don't Know

AI3401. Have you ever had a job , a combination of jobs, or a hobby where you were exposed to solvents or chemicals (like paint thinners, degreasers) for 4 or more hours a day, several days a week?

- a. ? Yes
- b. ? No
- c. ? Don't Know

AI3501. If above=yes, For how many months or years have you been exposed to solvents and chemicals 4 or more hours a day, several days a week?

- i. ? Less than 3 months
- ii. ? 3 to 11 months
- iii. ? 1 to 2 years
- iv. ? 3 to 4 years
- v. ? 5 to 9 years
- vi. ? 10 to 14 years
- vii. ? 15 or more years
- viii. ? Don't Know

AI3601. Outside of a job, have you ever been exposed to very loud noise or music for 10 or more hours a week? This is a noise so loud that you have to shout to be understood or heard 3 feet away. Examples are noise from power tools, farm machinery, cars, trucks, motorcycles, motor boats or loud music. [Adapted from NHANES New19]

- a. Yes
- b. No
- c. Don't Know

AI3701. During your whole life, how much loud noise have you been exposed to compared to other people your same age? Loud means so loud that you must speak in a raised voice to be heard. We are interested in this question because exposure to loud noises damages hearing over time.

- a. Much more than most people.
- b. More than most people.
- c. About the same as most people.
- d. Less than most people.
- e. Much less than most people.
- f. Don't know