

Supplemental Material S1. Lifetime Exposure to Noise and Solvents Questionnaire (LENS-Q).

LIFETIME EXPOSURE TO NOISE AND SOLVENTS QUESTIONNAIRE (LENS-Q)

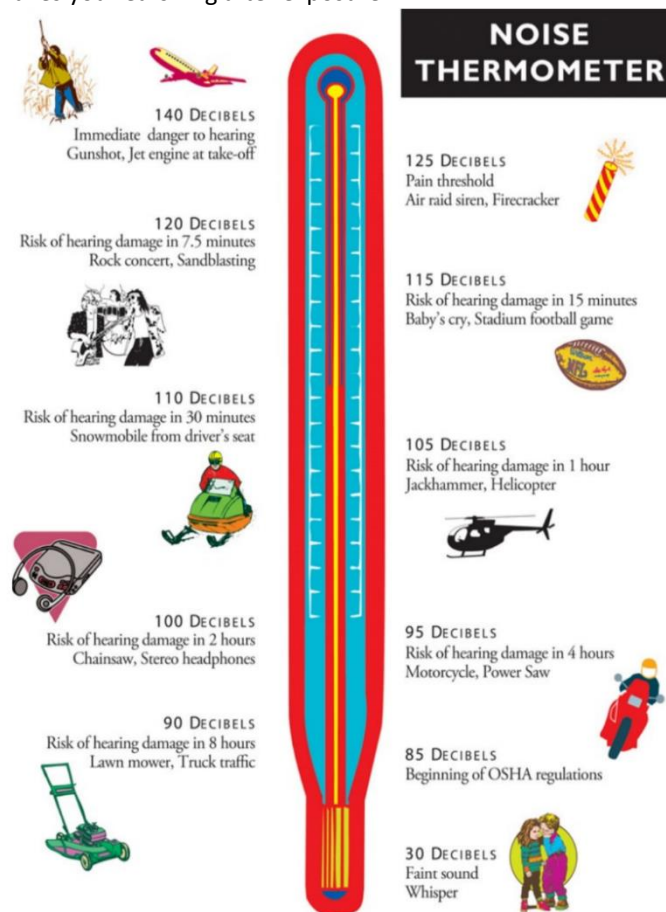
We are interested in knowing about your noise and solvent/chemical exposure history over your entire lifetime. This questionnaire is divided into 3 parts:

- 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" provided in your questionnaire packet for examples of loud sounds. You are most likely "exposed to loud noise" if you are around activities at or above 85 decibels. Another example of loud noise is noise that makes it hard to talk to or hear another person or makes your ears ring after exposure.



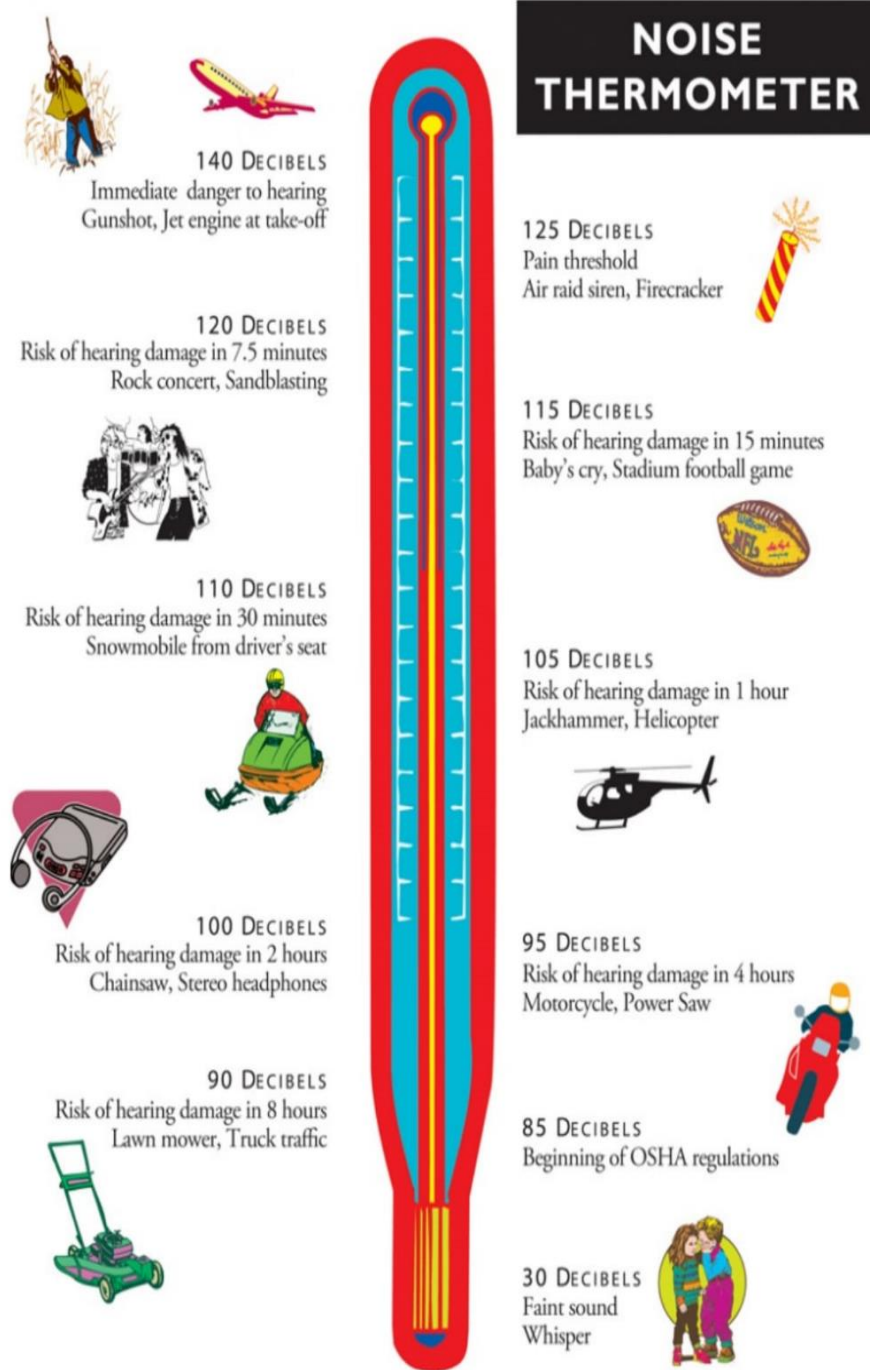
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MILITARY OCCUPATIONAL EXPOSURE HISTORY

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.



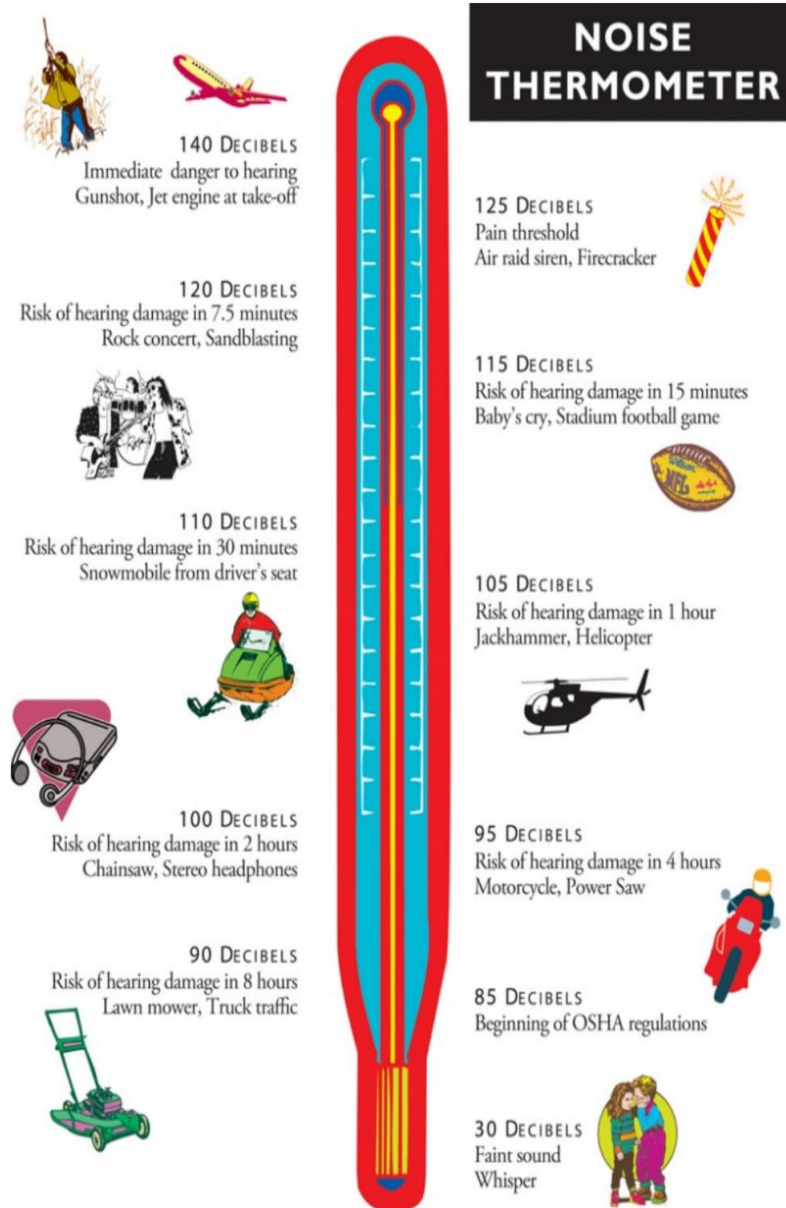
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NON-OCCUPATIONAL EXPOSURE HISTORY

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

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



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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.

NON-Occupational 1. Have you been exposed to noise during any of these non-job-related activities? No Yes			If yes, please answer additional questions 2-5		4. During that time, how often were you around loud noise?					5. How often did you use hearing protection while in loud 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
Gunfire: Have you ever used a ...													
A. Pistol	<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. Revolver	<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. Rifle	<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. Shotgun	<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"/>
Have you ever been...													
E. Hunting	<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. Target Shooting	<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"/>
Transportation: Have you ever been on a ...													
A. Motorboat	<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. Motorcycle	<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. Snow mobile	<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"/>
Music: Have you ever attended a...?													
A. Rock concert	<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. Jazz concert	<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. Discotheque / Nightclub	<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"/>
Music: Have you ever performed in a...?													
D. Rock band	<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. Orchestra	<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. Symphony	<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"/>
Music: Have you ever used...?													
G. Stereo headphones, earphones or earbuds?	<input type="radio"/>	<input type="radio"/>	___	___ / ___	How often did you listen to your headphones?								
					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"/>				

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		
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>
Other: Have you been exposed to any other non-occupational noise sources?													
H. Other 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"/>	<input type="radio"/>	<input type="radio"/>
I. Other 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"/>	<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"/>

