

HEARING SUPPLEMENT		R1	<input type="checkbox"/> No Hearing Problem (NP) <input type="checkbox"/> A, B, or 33 in C2 (1-3)			
1. Has -- ever used a hearing aid?		1.	1 Y 2 N			
(Hand Card H) Please look at this card - 2a. Which statement best describes --'s hearing in his LEFT ear (without a hearing aid)? ----- b. Which statement best describes --'s hearing in his RIGHT ear (without a hearing aid)?		2a.	Good 1 <input type="checkbox"/>	Little trouble 2 <input type="checkbox"/>	Lot of trouble 3 <input type="checkbox"/>	Deaf 4 <input type="checkbox"/>
If age 3+ , ask: 3a. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person WHISPERS to him from across a quiet room? ----- b. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person TALKS IN A NORMAL VOICE to him from across a quiet room? ----- c. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND what a person says without seeing his face if that person SHOUTS to him from across a quiet room? ----- d. (Without a hearing aid) Can -- usually HEAR AND UNDERSTAND a person if that person SPEAKS LOUDLY into his better ear? ----- e. (Without a hearing aid) Can -- usually tell the sound of speech from other sounds and noises? ----- f. (Without a hearing aid) Can -- usually tell one kind of noise from another? ----- g. (Without a hearing aid) Can -- hear loud noises?		3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N			
R2 Q.'s 1-3		For persons 17 years old or over, show who responded for (or was present during the asking of) Q.'s 1-3. If persons responded for self, show whether entirely or partly. For persons under 17, show who responded for them.		R2 1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person____was respondent		
FOOTNOTES						

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1 Y 2 N				1.	1 Y 2 N				1.	1 Y 2 N				1.	1 Y 2 N			
Good	Little trouble	Lot of trouble	Deaf	2a.	Good	Little trouble	Lot of trouble	Deaf	2a.	Good	Little trouble	Lot of trouble	Deaf	2a.	Good	Little trouble	Lot of trouble	Deaf
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N				3a.	<input type="checkbox"/> Under 3 (R2) 1 Y (R2) 2 N			
1 Y (R2) 2 N				b.	1 Y (R2) 2 N				b.	1 Y (R2) 2 N				b.	1 Y (R2) 2 N			
1 Y (R2) 2 N				c.	1 Y (R2) 2 N				c.	1 Y (R2) 2 N				c.	1 Y (R2) 2 N			
1 Y (R2) 2 N				d.	1 Y (R2) 2 N				d.	1 Y (R2) 2 N				d.	1 Y (R2) 2 N			
1 Y (R2) 2 N				e.	1 Y (R2) 2 N				e.	1 Y (R2) 2 N				e.	1 Y (R2) 2 N			
1 Y (R2) 2 N				f.	1 Y (R2) 2 N				f.	1 Y (R2) 2 N				f.	1 Y (R2) 2 N			
1 Y 2 N				g.	1 Y 2 N				g.	1 Y 2 N				g.	1 Y 2 N			
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				R2	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				R2	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent				R2	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person__was respondent			
FOOTNOTES																		