

**CARDIA X — Year 35 CARDIA Ear Study
GENERAL OTOLOGIC QUESTIONNAIRE**

No.	Variable Description	Value(s)	Variable Name
1.	CARDIA ID	_____	ID
2.	Exam date	_____	J129EXDAT
3.	Do you currently use a hearing aid or assistive listening device?	_____	J129HAID
4.	Do you have a history of frequent ear infections or need for ear tubes?	_____	J129EINF
5.	Do you have a history of ear surgery (other than ear tubes)?	_____	J129SURG
6.	Have you ever experienced sudden loss of hearing?	_____	J129LOSS
7.	Are you aware of hearing differently in one ear compared to the other?	_____	J129DIFFER
8.	Have you had a history of frequent or prolonged exposure to loud noises at work	_____	J129LOUD
9.	History of exposure to loud noises in your recreational activities,	_____	J129EXPOS
10.	Do you have a family history of hearing loss?	_____	J129HISTORY
11.	any ear condition that affects your hearing such as Meniere's disease, otosclerosis, cholesteatoma, acoustic neuroma, or a tumor	_____	J129COND
12.	History of being hospitalized with fever requiring intravenous antibiotics	_____	J129IVAB
13.	Do you have a history of receiving chemotherapy?	_____	J129CHEMO
14.	Have you ever experienced tinnitus lasting more than 2-3 minutes?	_____	J129TINN
15.	In a quiet room, can you hear tinnitus...?	_____	J129QUIET
16.	When you have heard tinnitus, was it caused by a recent event?	_____	J129RECENT

CARDIA Ancillary Study: Ear Study
Principal Investigator: Pamela Schreiner
Project Period: 4/1/2019 – 3/31/2024
J1F129= 2401 participants

v2024-05-08

No.	Variable Description	Value(s)	Variable Name
17.	Tech_ID	_____	J129IVID
