Hearing Conservation Employee Survey

Please fill out this anonymous questionnaire to the best of your ability.

1. When you had your most recent hearing test, did anyone talk to you about your hearing?
   ___Yes    ___No

2. When you had your most recent hearing test, did anyone talk to you about how to best use your hearing protective device?
   ___Yes    ___No

3. How often does your supervisor wear his/her hearing protective device while on the floor?

   1  2  3  4  5
   Never  1/4 of the time  Half the time  3/4 of the time  Always

4. In areas where hearing protection is required, how often do other workers wear their hearing protective devices? (Circle one)

   1  2  3  4  5
   Never  Less than half the time  Half the time  More than half the time  Always

5. How would you rate the level of commitment to preventing hearing loss at your workplace? (Circle one)

   1  2  3  4  5  6  7
   None  Very low  Moderately low  Moderate  Moderately high  High  Exceptional

6. How much of a personal concern do you have about losing your hearing because of on the job noise exposure? (Circle one)

   1  2  3  4  5  6  7
   None  Very low  Moderately low  Moderate  Moderately high  High  Extreme

7. How much of a personal concern do you have about injuries or accidents occurring because of noise, hearing loss or wearing hearing protective devices? (Circle one)

   1  2  3  4  5  6  7
   None  Very low  Moderately low  Moderate  Moderately high  High  Extreme

8. On average, how many times during each work day do you have to remove your hearing protective device in order to communicate?
   ____times