

Hearing Conservation Employee Survey

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