

# 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 results and about your hearing (more than just receiving a print out of your results)?**

\_\_\_\_Yes      \_\_\_\_No

**2. When you had your most recent hearing test, did you receive instruction on how to best use your hearing protection device?**

\_\_\_\_Yes      \_\_\_\_No

**3. In areas where hearing protection is required, what percentage of time does your supervisor wear his/her hearing protective device while on the floor?**

\_\_\_\_%      \_\_\_\_Don't know

**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 management 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