FRAMINGHAM HEART STUDY - CODING MANUAL

HEARING TEST QUESTIONNAIRE

COHORT: OFFSPRING

DATA COLLECITON TIME FRAME: EXAM 6

SAS DATASET NAME: HEARO1_6S.SAS7BDAT

#RECORDS: 2323

The value ranges and observation number stated in the manual are based
on the original data set. In some cases, observation may be deleted
due to participant consent form restrictions. If observations have
been deleted from this data set, the ranges or observation number may
differ from those stated in this manual.

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   Version 1:   9-12-2007   HEAR_S21 is deleted from the dataset
                                 added deleted statedment

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VARIABLE   INFORMATION
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IDTYPE   IDTYPE / FRAMINGHAM GROUP IDENTIFIER
                              deleted - use SHAREID

ID   ID NUMBER
                              deleted - use SHAREID

SHAREID   SHARE ID NUMBER

EXAMDATE   DATE OF FILLING QUESTIONNAIRE
                              Number of days from Exam 1

HEAR_S1   (1)   DO YOU HAVE A HEARING PROBLEM NOW ?
                                  0 = NO
                                  1 = YES
                                  . = UNKNOWN (11)

HEAR_S2   (1.A) IF YES (TO HEAR_S1), IN WHICH EAR:
                                  0 = NO HEARING PROBLEM NOW (HEAR_S1 = 0)
                                  1 = RIGHT EAR
                                  2 = LEFT EAR
                                  3 = BOTH EARS
                                  . = UNKNOWN (39)

HEAR_S3   (1.B) IF YES (TO HEAR_S1), DID YOUR HEARING BEGIN...
                                  0 = NO HEARING PROBLEM NOW (HEAR_S1 = 0)
                                  1 = GRADUALLY
                                  2 = SUDDENLY
                                  . = UNKNOWN (51)

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HEAR_S4                 (1.C) IF YES (TO HEAR_S1), ABOUT WHEN DID IT BEGIN ?
                              Number of years from year of Exam 1

HEAR_S5                 (2)   HAVE YOU HAD EAR SURGERY ?
                              0 = NO
                              1 = YES
                              . = UNKNOWN (15)

HEAR_S6                 (2.A) IF YES (TO HEAR_S5), IN WHICH EAR ?
                              0 = NO EAR SURGERY (HEAR_S5 = 0)
                              1 = RIGHT EAR
                              2 = LEFT EAR
                              3 = BOTH EARS
                              . = UNKNOWN (33)

HEAR_S7                 (3)   HAVE YOU EVER WORN A HEARING AID ?
                              0 = NO
                              1 = YES
                              . = UNKNOWN (4)

HEAR_S8                 (3.A) IF YES (HEAR_S7), IN WHICH EAR ?
                              0 = NEVER WORE A HEARING AID (HEAR_S7 = 0)
                              1 = RIGHT EAR
                              2 = LEFT EAR
                              3 = BOTH EARS
                              . = UNKNOWN (7)

HEAR_S9                 (3.B) ARE YOU STILL USING THE HEARING AID ?
                              0 = NO OR NEVER WORE A HEARING AID (HEAR_S7 = 0)
                              1 = YES
                              . = UNKNOWN (7)

HEAR_S10                (4)   HOW MUCH EXPOSURE TO LOUD NOISE HAVE YOU HAD ?
                              0 = NONE
                              1 = SOME
                              2 = A LOT
                              . = UNKNOWN (56)

HEAR_S11                (4.A) IF EXPOSED, WHAT WAS THE MAIN SOURCE OF THE NOISE ?
                              CHARACTER VARIABLE
                              #NOT FILLED IN (1669)

HEAR_S12                (5)   HAVE YOU EVER SHOT GUNS ?
                              IF NO, PLEASE GO TO QUESTION 6
                              0 = NO
                              1 = YES
                              . = UNKNOWN (5)

HEAR_S13                (5.A) IF YES TO (HEAR_S12),
                              HAVE YOU EVER SHOT HANDGUN ?
                              0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
                              1 = YES
                              . = UNKNOWN (66)

HEAR_S14                (5.B) IF YES (HEAR_S12),
                              HAVE YOU EVER SHOT RIFLE ?
                              0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
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                           1 = YES
                           . = UNKNOWN (67)


HEAR_S15               (5.C) IF YES (HEAR_S12),
                           HAVE YOU EVER SHOT SHOTGUN ?
                           0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
                           1 = YES
                           . = UNKNOWN (67)


HEAR_S49               (5.D) IF YES (HEAR_S12),
                           HAVE YOU EVER SHOT ARTILLERY ?
                           0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
                           1 = YES
                           . = UNKNOWN (1813)

                       * NOTE: HEAR_S49 WAS ADDED TO FORM AFTER 12MAY1999. IF
                               EXAMDATE IS BEFORE 12MAY1999, THEN HEAR_S49 IS
                               UNKNOWN.

HEAR_S50               (5.E) IF YES (HEAR_S12),
                           HOW MANY TOTAL ROUNDS ?
                           2 - 500000
                           0 = NEVER SHOT GUNS (HEAR_S12 = 0)
                           . = UNKNOWN (1837)

                       * NOTE: HEAR_S50 WAS ADDED TO FORM AFTER 12MAY1999.
                               IF EXAMDATE IS BEFORE 12MAY1999, THEN HEAR_S50
                               IS UNKNOWN.

HEAR_S16               (5.F) DID YOU HUNT ?
                           0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
                           1 = YES
                           . = UNKNOWN (56)

HEAR_S17               (5.G) DID YOU DO TARGET PRACTICE ?
                           0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
                           1 = YES
                           . = UNKNOWN (55)

HEAR_S18               (5.H) IN MILITARY ?
                           0 = NO OR NEVER SHOT GUNS (HEAR_S12 = 0)
                           1 = YES
                           . = UNKNOWN (56)

HEAR_S19               (6)   DID YOU EVER WORK IN LOUD NOISE ?
                           0 = NO
                           1 = YES
                           . = UNKNOWN (6)

HEAR_S20               (6.A) IF YES, HOW MANY YEARS ?
                           0 = NEVER WORKED IN LOUD NOISE (HEAR_S19 = 0)
                           1 = LESS THEN 1 YEAR
                           2 = BETWEEN 1 AND 5 YEARS
                           3 = BETWEEN 5 AND 10 YEARS
                           4 = BETWEEN 10 AND 15 YEARS
                           5 = 16 YEARS OR MORE
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                              . = UNKNOWN (17)

HEAR_S21              (6.B) WHAT TYPE OF WORK DID YOU DO ?
                           CHARACTER VARIABLE
                           # NOT FILLED IN (1473)
                           * NOTE: SOME SUBJECTS ANSWERED HEAR_S19 AS 0=NO
                              BUT ALSO ANSWERED HEAR_S21, THERE MAY BE SOME
                              INCONSISTENCY, USE WITH CAUTION
 *** Version 1:  9-12-2007
                           deleted - to perserve confidentiality

HEAR_S22              (6.C) DID YOU WEAR EAR PROTECTION AT WORK ?
                           0 = NO OR NEVER WORKED IN LOUD NOISE (HEAR_S19 = 0)
                           1 = YES
                           . = UNKNOWN (45)

HEAR_S23              (6.D) HOW MANY YEARS DID YOU WEAR EAR PROTECTION ?
                           1 - 40 YEARS
                           0 = NEVER WORE EAR PROTECTION AT WORK (HEAR_S22 = 0)
                              OR NEVER WORKED IN LOUD NOISE (HEAR_S19 = 0)
                           . = UNKNOWN (72)

HEAR_S24              (7)   HAVE YOU RECEIVED MEDICINES THAT CAUSED HEARING
                           LOSS ?
                           0 = NO
                           1 = YES
                           . = UNKNOWN (62)

HEAR_S25              (7.A) IF YES, NAME OF DRUG.
                           CHARACTER VARIABLE
                           # NOT FILLED IN (2311)

HEAR_S26              (8)   DO YOUR EARS MAKE NOISE (TINNITUS) ?
                           0 = NO
                           1 = YES
                           . = UNKNOWN (3)

HEAR_S27              (8.A) IF YES (TO HEAR_S26), DOES THE NOISE BOTHER YOU ?
                           0 = NO OR EARS DON'T MAKE NOISE (HEAR_S26 = 0)
                           1 = YES
                           . = UNKNOWN (3)

HEAR_S28              (8.B) IF YES (TO HEAR_S26),
                           DOES THE NOISE KEEP YOU FROM SLEEPING ?
                           0 = NO OR EARS DON'T MAKE NOISE (HEAR_S26 = 0)
                           1 = YES
                           . = UNKNOWN (3)

HEAR_S29              (9)   HAVE YOU HAD DIZZY SPELLS IN THE PAST YEAR ?
                           0 = NO
                           1 = YES
                           . = UNKNOWN (1)

HEAR_S30              (9)   DO YOU HAVE A PROBLEM WITH YOUR BALANCE ?
                           0 = NO
                           1 = YES
                           . = UNKNOWN (152)
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HEAR_S31              (10)   ANY FAMILY MEMBERS WITH HEARING LOSS ?
                             0 = NO
                             1 = YES
                             . = UNKNOWN (6)

HEAR_S32              (10.A) DOES YOUR MOTHER HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S33              (10.B) DOES YOUR FATHER HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S34              (10.C) DO YOUR BROTHERS HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S35              (10.D) DO YOUR SISTERS HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S36              (10.E) DO YOURS AUNTS HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S37              (10.F) DO YOUR UNCLES HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S38              (10.G) DO YOUR GRANDPARENTS HAVE HEARING LOSS ?
                             0 = NO OR
                                 NO FAMILY MEMBER HAS HEARING LOSS (HEAR_S31=0)
                             1 = YES
                             . = UNKNOWN (9)

HEAR_S39              (H.1) DOES A HEARING PROBLEM CAUSE YOU TO FEEL EMBARRASSED
                            WHEN MEETING NEW PEOPLE ?
                             0 = NO
                             1 = YES
                             2 = SOMETIMES
                             . = UNKNOWN (9)
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HEAR_S40              (H.2) DOES A HEARING PROBLEM CAUSE YOU TO FEEL FRUSTRATED
                            WHEN TALKING TO MEMBERS OF YOUR FAMILY ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (8)

HEAR_S41              (H.3) DO YOU HAVE DIFFICULTY HEARING WHEN SOMEONE SPEAKS
                            IN A WHISPER ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (16)

HEAR_S42              (H.4) DO YOU FEEL HANDICAPPED BY A HEARING PROBLEM ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (24)

HEAR_S43              (H.5) DOES A HEARING PROBLEM CAUSE YOU DIFFICULTY WHEN
                            VISITING FRIENDS, RELATIVE, OR NEIGHBORS ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (11)

HEAR_S44              (H.6) DOES A HEARING PROBLEM CAUSE YOU TO ATTEND RELIGIOUS
                            SERVICES LESS OFTEN THAN YOU WOULD LIKE ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (7)

HEAR_S45              (H.7) DOES A HEARING PROBLEM CAUSE YOU TO HAVE ARGUMENTS
                            WITH FAMILY MEMBERS ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (9)

HEAR_S46              (H.8) DOES A HEARING PROBLEM CAUSE YOU DIFFICULTY WHEN
                            LISTENING TO TV OR RADIO ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (11)

HEAR_S47              (H.9) DO YOU FEEL THAT ANY DIFFICULTY WITH YOUR HEARING
                            LIMITS OR HAMPERS YOUR PERSONAL OR SOCIAL LIFE ?
                            0 = NO
                            1 = YES
                            2 = SOMETIMES
                            . = UNKNOWN (8)

HEAR_S48              (H.10) DOES A HEARING PROBLEM CAUSE YOU DIFFICULTY WHEN
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                         IN A RESTAURANT WITH RELATIVES OR FRIENDS ?
                         0 = NO
                         1 = YES
                         2 = SOMETIMES
                         . = UNKNOWN (8)


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  Version 1:  9-12-2007  HEAR_S21 was deleted in the dataset
                         but was not stated in the manual
                         that is was deleted.
                         Added "deleted - to perserve confidentiality"

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