Student Identification Record

for

Sound Advice throughout the Years Exercise

Please fill out this form before you proceed. Leave it attached to this document.

Thank you.

Print your first name in this box.	Print your last name in this box.
Write your <u>instructor's last name</u> in the box at the right.	Dr.
Write the <u>name of your university</u> in the box at the right.	
Write today's date in the box at the right.	

Sound Advice throughout the Years Answer Sheet

As you read the problem booklet, <u>circle</u> your answer to each question on this answer sheet. Please don't write in the problem booklet. That way the problem booklets can be reused.

Circle a T or F in front of each answer number that appears in the problem booklet.

Question A			Question B			Q	uesti	on C	Question D		
Т	F	1.	Т	F	8.	Т	F	13.	Т	F	18.
Т	F	2.	Т	F	9.	Т	F	14.	Т	F	19.
Т	F	3.	Т	F	10.	Т	F	15.	Т	F	20.
Т	F	4.	Т	F	11.	Т	F	16.	Т	F	21.
Т	F	5.	Т	F	12.	Т	F	17.	Т	F	22.
Т	F	6.							Т	F	23.
Т	F	7.							Т	F	24.
			•						Т	F	25.
									Т	F	26.

Please complete the questionnaire on the bottom and back of this page. Thanks!

Questionnaire

1)	Name of exercise: Sound Advice throughout the Years
2)	Your age? 3) Your sex? M F
4)	Do you work on a farm? Yes No 5) Size of farm (acres)
6)	Do you work around loud equipment like tractors, chainsaws, etc.? YesNo
7)	About how many hours each week do you work around loud noise like that made by tractors, chainsaws, silo blowers and other machinery? hours
8)	Are you exposed to other non-farming loud noises like motorcycles, Yes No ATVs, loud music, machinery and other loud noise such as: (Please list)
9)	About how many hours each week are you around loud noises like those hours listed in item 8?
10)	Please rate how well you can hear quiet sounds and quiet conversation while talking to a person in a crowded room with lots of other background noise. (check only one item)
	Can't hear Have trouble Can hear pretty Can hear very well hearing well

11)	After being	around	loud no	oise do	your e	ars eve	er ring o	r feel s	stuffy?			Yes	No
12)	About how I	ong do	your e	ars ring	or fee	I stuffy	after yo	u are	around	loud no	oise?		hours
13)	Do you ever	wear h	nearing	protec	tors wh	nen you	ı are ar	ound lo	oud nois	se?		Yes	No
14)	If "Yes" to ite	em 13,	what ty	pe of h	earing	protec	tors do	you we	ear?			Plugs	Muffs
15)	If "Yes" to item 13, out of every 10 times you are around loud noise, how many times do you wear hearing protectors? (circle one number)								you wear				
	Never	0	1	2	3	4	5	6	7	8	9	10	Always

Now think about the story you just finished. Circle the number that tells how much you agree or disagree with the following statements.

	Statement	Strong Disag		Strongly Agree		
16)	The situation described in this exercise could happen to me.	1	2	3	4	
17)	This exercise taught me how to prevent hearing loss.	1	2	3	4	
18)	Wearing hearing protectors while being around loud noise can prevent hearing loss.	1	2	3	4	
19)	People who are around loud noise should make sure they have hearing protectors available (ear plugs or ear muffs).	1	2	3	4	
20)	Because of this exercise, I will wear hearing protectors when I am around loud noise.	1	2	3	4	
21)	The exercise took too long to complete.	1	2	3	4	
22)	I liked doing the exercise.	1	2	3	4	
23)	The written directions in the exercise were clear.	1	2	3	4	
24)	The exercise drawings were easy to understand.	1	2	3	4	
25)	The information in the answer key was accurate and helpful.	1	2	3	4	
26)	The exercise story is easy to read.	1	2	3	4	
27)	I had a chance to discuss the activity and share my ideas.	1	2	3	4	
28)	Because of this exercise I know what to do to protect my hearing.	1	2	3	4	
29)	Because of this exercise I will encourage other people to wear hearing protectors when they are around loud noise.	1	2	3	4	
30)	I know where to find and purchase earplugs to protect my hearing.	1	2	3	4	