Audiometry – AUQ

(NEW TARGET) Target Group: SPs 1+

AUQ.131 These next questions are about (your/SP’s) hearing.

Which statement best describes (your/SP’s) hearing (without a hearing aid)? Would you say (your/his/her) hearing is excellent, good, that (you have/s/he has) a little trouble, moderate trouble, a lot of trouble, or (are you/is s/he) deaf?

EXCELLENT.............................................. 1
GOOD ...................................................... 2
A LITTLE TROUBLE ................................. 3
MODERATE HEARING TROUBLE.............. 4
A LOT OF TROUBLE ................................. 5
DEAF......................................................... 6
REFUSED ................................................... 7
DON’T KNOW ............................................. 9

BOX 1

CHECK ITEM AUQ.135:
IF SP AGE >= 12 AND AGE <= 19, GO TO AUQ.136.
OTHERWISE, CONTINUE.

BOX 2

CHECK ITEM AUQ.249:
IF AGE 70+, GO TO AUQ.141.
OTHERWISE, GO TO END OF SECTION.

AUQ.136 (Have you/Has SP) ever had 3 or more ear infections?

YES ......................................................... 1
NO .......................................................... 2
REFUSED .................................................. 7
DON’T KNOW .......................................... 9

AUQ.138 (Have you/Has SP) ever had a tube placed in (your/his/her) ear to drain the fluid from (your/his/her) ear?

YES ......................................................... 1
NO .......................................................... 2
REFUSED .................................................. 7
DON’T KNOW .......................................... 9
AUQ.141 When was the last time {you had/SP had} {your/his/her} hearing tested?

READ CATEGORIES IF NECESSARY

LESS THAN A YEAR AGO ......................... 1
1 YEAR TO 4 YEARS AGO ...................... 2
5 TO 9 YEARS AGO ............................. 3
TEN OR MORE YEARS AGO .................. 4
NEVER .............................................. 5
REFUSED .......................................... 7
DON'T KNOW ..................................... 9

AUQ.150 {Have you/Has SP} ever worn a hearing aid?

YES .................................................... 1
NO ..................................................... 2 (AUQ.185)
REFUSED .......................................... 7 (AUQ.185)
DON'T KNOW ..................................... 9 (AUQ.185)

AUQ.171 In the past 12 months, {have you/has SP} worn a hearing aid at least 5 hours a week?

YES .................................................... 1
NO ..................................................... 2
REFUSED .......................................... 7
DON'T KNOW ..................................... 9

AUQ.185 {Have you/Has SP} ever used assistive listening devices (ALDs), such as FM systems, closed-captioned television, or amplified telephone (or relay services)?

YES .................................................... 1
NO ..................................................... 2
REFUSED .......................................... 7
DON'T KNOW ..................................... 9

BOX 3

CHECK ITEM AUQ.187:
IF SP AGE >= 70, GO TO END OF SECTION.
OTHERWISE, CONTINUE.

AUQ.191 In the past 12 months, {have you/has SP} been bothered by ringing, roaring, or buzzing in {your/his/her} ears or head that lasts for 5 minutes or more?

YES .................................................... 1
NO ..................................................... 2 (AUQ.211)
REFUSED .......................................... 7 (AUQ.211)
DON'T KNOW ..................................... 9 (AUQ.211)
AUQ.250  How long {have you/has SP} been bothered by this ringing, roaring, or buzzing in (your/his/her) ears or head?

READ CATEGORIES IF NECESSARY

LESS THAN THREE MONTHS .................. 1
THREE MONTHS TO A YEAR.................. 2
1 TO 4 YEARS ..................................... 3
5 TO 9 YEARS ...................................... 4
TEN OR MORE YEARS .................................. 5
REFUSED ............................................. 7
DON'T KNOW ........................................... 9

AUQ.260  {Are you/Is SP} bothered by ringing, roaring, or buzzing in (your/his/her) ears or head only after listening to loud sounds or loud music?

YES .................................................. 1
NO ..................................................... 2
REFUSED ............................................. 7
DON'T KNOW ........................................... 9

AUQ.270  {Are you/Is SP} bothered by ringing, roaring, or buzzing in (your/his/her) ears or head when going to sleep?

YES .................................................. 1
NO ..................................................... 2
REFUSED ............................................. 7
DON'T KNOW ........................................... 9

AUQ.280  How much of a problem is this ringing, roaring, or buzzing in (your/his/her) ears or head?

No problem ........................................... 1
A small problem ....................................... 2
A moderate problem .................................... 3
A big problem .......................................... 4
A very big problem ...................................... 5
REFUSED ............................................. 7
DON'T KNOW ........................................... 9

AUQ.211  {Have you/Has SP} ever used firearms for target shooting, hunting, or for any other purposes?

YES .................................................. 1
NO ..................................................... 2
REFUSED ............................................. 7
DON'T KNOW ........................................... 9
AUQ.290  Have you/Has SP ever had a job where {you were/s/he was} exposed to loud noise for 5 or more hours a week? By loud noise I mean noise so loud that {you/s/he} had to speak in a raised voice to be heard.

YES ............................................................... 1
NO ................................................................. 2
REFUSED ........................................................ 7
DON'T KNOW ............................................... 9

AUQ.231  Outside of a job, {have you/has SP} ever been exposed to steady loud noise or music for 5 or more hours a week? This is noise so loud that {you have/s/he has} to raise {your/his/her} voice to be heard. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, or loud music.

YES ............................................................... 1
NO ................................................................. 2
REFUSED ........................................................ 7
DON'T KNOW ............................................... 9

AUQ.241  How often {do you/does SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to loud sounds or noise? (Include both job and off work exposures.)

Most of the time ............................................ 1
Sometimes.................................................... 2
Rarely/seldom............................................... 3
Never.......................................................... 4
REFUSED ........................................................ 7
DON'T KNOW ............................................... 9