

6/3/08

Questionnaire: SP

AUDIOMETRY – AUQ
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

HELP SCREEN:

Deaf Refers to inability to hear in both ears without the use of hearing aids. Also can include hearing loss greater than 70 DB (decibels) in the better ear without hearing aids.

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

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

HELP SCREEN:

Hearing Test: Any audiometric testing or screening that required the person to respond to a series of tones by raising his/her hand, pressing a button, etc.

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)

HELP SCREEN:

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

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

HELP SCREEN:

Hearing Aid: A small electronic apparatus that amplifies sound and is worn in or behind the ear to compensate for impaired hearing.

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

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

HELP SCREEN:

Outside of job: Do not count exposure to firearm noise while in the military. Military service should be counted as work.

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

HELP SCREEN:

Protective Hearing Device: A device to help prevent hazardous noise levels from damaging one's hearing by serving as a barrier between noise and the inner ear. Examples are special headphones, ear plugs, and protective earmuffs.