AUDIOMETRY – AUQ
Target Group: SPs 1+

AUQ.054 These next questions are about your/SP's hearing.

Which statement best describes your/SP's hearing (without a hearing aid or other listening devices)? 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 ..................................................... 77
- DON'T KNOW ............................................... 99

HELP SCREEN:
Deaf means that you can't hear in both ears without the use of hearing aids or other devices to help you hear. If you can hear in one ear, you are not deaf.

Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Other Listening Devices: Other listening devices are any device you use to help you hear. They are also called assistive listening devices. These are:

- A pocket talker
- An amplified telephone
- An amplified or vibrating alarm clock
- A light signaler for your doorbell
- A TV headset
- Closed-captioned TV
- TTY (teletypewriter)
- TDD (telecommunications device for the deaf)
- A telephone relay service
- A video relay service
- A sign language interpreter

BOX 1
OMITTED

BOX 1A

CHECK ITEM AUQ.055:
IF SP AGE >= 20, AND SP AGE <= 69 AND AUQ.054 = 1, 7, 9, GO TO AUQ.100;
IF SP AGE >= 20, AND SP AGE <= 69 AND AUQ.054 = 2, 3, 4, 5 OR 6, CONTINUE.
IF SP AGE > 69, GO TO AUQ.136.
OTHERWISE, END OF SECTION.
These next questions refer to hearing without the use of a hearing aid or any other listening devices. If {you have/SP has} one ear that is better than the other, please answer the questions for the hearing in {your/SP’s} better ear.

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **whispers** to {you/him/her} from across a quiet room?

- YES ............................................................... 1 (AUQ.100)
- NO ................................................................. 2
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **talks in a normal voice** to {you/him/her} from across a quiet room?

- YES ............................................................... 1 (AUQ.100)
- NO ................................................................. 2
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **shouts** to {you/him/her} from across a quiet room?

- YES ............................................................... 1 (AUQ.100)
- NO ................................................................. 2
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9

Can {you/SP} usually **hear and understand** what a person says without seeing his or her face if that person **speaks loudly** into {your/his/her} **better ear**?

**INTERVIEWER:** IF THE INTERVIEWEE HEARS BETTER IN ONE EAR THAN THE OTHER, RECORD THE RESPONSE FOR SPEAKING LOUDLY INTO THE BETTER EAR.

- YES ............................................................... 1
- NO ................................................................. 2
- REFUSED ..................................................... 7
- DON'T KNOW ............................................... 9
AUQ.100  How often {do you/does SP} find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say...

HAND CARD AUQ1

always ...........................................................  1
usually ...........................................................  2
about half the time .........................................  3
seldom............................................................  4
never ..............................................................  5
REFUSED .....................................................  7
DON'T KNOW ..................................................  9

AUQ.110  How often does {your/SP’s} hearing cause {you/him/her} to feel frustrated when talking to members of {your/his/her} family or to friends?  Would you say...

HAND CARD AUQ1

always ...........................................................  1
usually ...........................................................  2
about half the time .........................................  3
seldom............................................................  4
never ..............................................................  5
REFUSED .....................................................  7
DON'T KNOW ..................................................  9

AUQ.136  {Have you/Has SP} ever had 3 or more ear infections? Please include ear infections {you/he/she} may have had when {you were/he was/she was} a child.

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

BOX 3

CHECK ITEM AUQ.137:
IF SP AGE > 69, GO TO END OF SECTION.
OTHERWISE, CONTINUE.
A hearing test by a specialist is one that is done in a sound proof booth or room, or with headphones. Hearing specialists include audiologists, ear nose and throat doctors, and trained technicians or occupational nurses. When was the last time (you had/SP had) (your/his/her) hearing tested by a hearing specialist?

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

Have you/Has SP ever worn a hearing aid or cochlear implant?

YES ................................................. 1
NO .................................................. 2 (AUQ.154)
REFUSED ......................................... 7 (AUQ.154)
DON'T KNOW .................................. 9 (AUQ.154)

HELP SCREEN:
Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

Cochlear Implant: A cochlear implant is an electrical device that a surgeon puts in your ear. It helps you hear by sending sounds directly to the brain. It is used only when you are almost totally deaf.

Which was it?

CODE ALL THAT APPLY

CAPI INSTRUCTION:
IF BOTH RESPONSE OPTIONS 1 AND 2 ARE SELECTED, GO TO AUQ.152.

A HEARING AID .................................... 1
A COCHLEAR IMPLANT .......................... 2 (AUQ.154)
REFUSED ......................................... 7 (AUQ.154)
DON'T KNOW ................................... 9 (AUQ.154)
AUQ.152 In the past 12 months, how often have you worn a hearing aid?

HAND CARD AUQ1

ALWAYS ................................................. 1
USUALLY .................................................. 2
ABOUT HALF THE TIME ............................. 3
Seldom ..................................................... 4
NEVER .................................................... 5
REFUSED .................................................. 7
DON'T KNOW .......................................... 9

HELP SCREEN:
Hearing Aid: A small electronic device that amplifies the sounds you hear. It is worn in or behind the ear to help you hear.

AUQ.154 Have you ever used assistive listening devices (ALDs), such as FM systems, closed-captioned television, amplified telephone, relay services, or a sign-language interpreter?

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

HELP SCREEN:
Assistive Listening Devices: These are any device you use to help you hear. Other examples include:
TTY (teletypewriter)
TDD (telecommunications device for the deaf)
A pocket talker
An amplified or vibrating alarm clock
A light signaler for your doorbell
A TV headset

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

YES ....................................................... 1
NO ........................................................... 2 (AUQ.300)
REFUSED .................................................. 7 (AUQ.300)
DON'T KNOW .......................................... 9 (AUQ.300)

HELP SCREEN:
Tinnitus (tin-uh-tus) is the medical term for ringing, roaring or buzzing in the ears or head.
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.255 In the past 12 months, how often {have you/has SP} had this ringing, roaring, or buzzing in {your/his/her} ears or head? Would you say...

almost always ............................................. 1
at least once a day .................................... 2
at least once a week .................................. 3
at least once a month ............................... 4
less frequently than once a month ............ 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
This next question is about (your/SP’s) use of firearms that (you/he/she) may have used for target shooting, hunting, for (your/his/her) job or in military service. (Have you/Has SP) ever used firearms for any reason?

**HELP SCREEN:**
Firearms include pistols, shotguns, rifles, and other types of guns. Do not include BB or pellet guns.

**AUQ.310** How many total rounds (have you/has SP) ever fired?

**READ CATEGORIES IF NECESSARY**

**INTERVIEWER:** ONE ROUND EQUALS ONE SHOT. INCLUDE TARGET SHOOTING, HUNTING, YOUR JOB AND MILITARY SERVICE.

1 TO LESS THAN 100 ROUNDS .......... 1
100 TO LESS THAN 1000 ROUNDS ...... 2
1000 TO LESS THAN 10,000 ROUNDS ... 3
10,000 TO LESS THAN 50,000 ROUNDS ... 4
50,000 ROUNDS OR MORE .............. 5
REFUSED ........................................ 7
DON’T KNOW ................................. 9

**AUQ.320** How often (did you/did SP) wear hearing protection devices (ear plugs, ear muffs) when shooting firearms?

**HAND CARD AUQ1**

ALWAYS ........................................ 1
USUALLY ....................................... 2
ABOUT HALF THE TIME .................. 3
SELDOM ...................................... 4
NEVER .......................................... 5
REFUSED ....................................... 7
DON’T KNOW ............................... 9

**HELP SCREEN:**
Protective Hearing Device: These protect you from noise that is so loud that it might damage your hearing. Examples are ear plugs, protective earmuffs or special headphones.

**AUQ.330** These next questions are about noise exposure (you/SP) may have had at work.

(Have you/Has SP) **ever had a job, or combination of jobs where** (you were/s/he was) exposed to loud sounds or noise for 4 or more hours a day, several days a week? Loud means so loud that (you/s/he) must speak in a raised voice to be heard.

**HELP SCREEN:**
Protective Hearing Device: These protect you from noise that is so loud that it might damage your hearing. Examples are ear plugs, protective earmuffs or special headphones.
AUQ.340 For how many months or years (have you/has SP) been exposed at work to loud sounds or noise for 4 or more hours a day, several days a week?

READ CATEGORIES IF NECESSARY

LESS THAN 3 MONTHS ......................... 1
3 TO 11 MONTHS .................................. 2
1 TO 2 YEARS .................................... 3
3 TO 4 YEARS .................................... 4
5 TO 9 YEARS .................................... 5
10 TO 14 YEARS .................................. 6
15 OR MORE YEARS ............................. 7
REFUSED .......................................... 77
DON'T KNOW ..................................... 99

AUQ.350 In (your/SP's) work (were you/was he/she) exposed to very loud noise? Very loud noise is noise that is so loud (you have/he has/she has) to shout in order to be understood by someone standing 3 feet away from (you/him/her).

YES ................................................. 1
NO .................................................... 2 (AUQ.370)
REFUSED ......................................... 7 (AUQ.370)
DON'T KNOW ................................. 9 (AUQ.370)

AUQ.360 This next question is about (your/SP's) work in jobs where there was very loud noise for 4 or more hours a day, several days a week. Please give me the total number of months or years for all jobs where this has happened.

READ CATEGORIES IF NECESSARY

LESS THAN 3 MONTHS ......................... 1
3 TO 11 MONTHS .................................. 2
1 TO 2 YEARS .................................... 3
3 TO 4 YEARS .................................... 4
5 TO 9 YEARS .................................... 5
10 TO 14 YEARS .................................. 6
15 OR MORE YEARS ............................. 7
NOT EXPOSED .................................... 8
REFUSED .......................................... 77
DON'T KNOW ..................................... 99

AUQ.370 Outside of a job, (have you/has SP) ever been exposed to very loud noise or music for 10 or more hours a week? This is noise so loud that (you have/she has) to shout to be understood or heard 3 feet away. Examples are noise from power tools, lawn mowers, farm machinery, cars, trucks, motorcycles, motor boats or loud music.

YES ............................................... 1
NO ................................................... 2
REFUSED ......................................... 7
DON'T KNOW ................................. 9
In the past 12 months, how often (did you/did SP) wear hearing protection devices (ear plugs, ear muffs) when exposed to very loud sounds or noise? Please include both on the job and off the job exposures.

HAND CARD AUQ2

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALWAYS</td>
<td>1</td>
</tr>
<tr>
<td>USUALLY</td>
<td>2</td>
</tr>
<tr>
<td>ABOUT HALF THE TIME</td>
<td>3</td>
</tr>
<tr>
<td>SELDOM</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</td>
<td>5</td>
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<td>NO NOISE EXPOSURE PAST 12 MONTHS</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>

HELP SCREEN:
Protective Hearing Device: These protect you from noise that is so loud that it might damage your hearing. Examples are ear plugs, protective earmuffs or special headphones.