

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, personal sound amplifier, 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.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little "boost" in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for individuals' hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing impaired individuals as a low-cost alternative to hearing aids.

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 1A

CHECK ITEM AUQ.055:

IF {SP AGE >= 6, AND SP AGE <= 19 OR SP AGE > 69} AND {AUQ.054 = 1, 7, 9}, GO TO AUQ.420;

IF {SP AGE >= 6, AND SP AGE <= 19 OR SP AGE > 69} AND {AUQ.054 = 2, 3, 4, 5 OR 6}, CONTINUE.

OTHERWISE, END OF SECTION.

AUQ.060 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 (BOX 2A)
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

AUQ.070 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 (BOX 2A)
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

AUQ.080 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 (BOX 2A)
- NO 2
- REFUSED 7
- DON'T KNOW..... 9

AUQ.090 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

BOX 2A

CHECK ITEM AUQ.395:

IF AUQ.054 = {3, 4, 5 OR 6} CONTINUE.

OTHERWISE, GO TO AUQ.420.

AUQ.400 How old {were you/was SP} when {you/he/she} began to have any hearing loss?

READ CATEGORIES IF NECESSARY

BEFORE AGE 1 YEAR OLD	1
BETWEEN 2 AND 5 YEARS OLD	2
BETWEEN 6 AND 19 YEARS OLD	3
BETWEEN 20 AND 39 YEARS OLD	4
BETWEEN 40 AND 59 YEARS OLD	5
BETWEEN 60 AND 69 YEARS OLD	6
70 YEARS AND OLDER	7
NO HEARING LOSS	8
REFUSED	77
DON'T KNOW	99

AUQ.410 What are the main causes of {your/SP's} hearing loss?

INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY

HAND CARD AUQ1

GENETIC/HEREDITARY CAUSES	1
EAR INFECTIONS (INCLUDING FLUID IN EARS)	2
EAR DISEASES (OTOSCLEROSIS, MENIERES, TUMOR)	3
ILLNESS/INFECTIONS (MEASLES, MENINGITIS, MUMPS)	4
DRUGS/MEDICATIONS	5
HEAD OR NECK INJURY/TRAUMA	6
LOUD BRIEF EXPLOSIVE NOISE/SOUNDS	7
NOISE EXPOSURE, LONG-TERM (MACHINERY, ETC.)	8
AGING, GETTING OLDER	9
OTHER CAUSES	10
SPECIFY: _____	
REFUSED	77
DON'T KNOW	99

AUQ.156 Because of hearing loss, {have you/has SP} **ever** used any of the following to improve {your/his/her} communication: FM systems, closed-captioned television, instant or text messages, live video streaming, amplified telephone, relay services, or a sign-language interpreter?

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

HELP SCREEN:

This question asks about the use of "Assistive Listening Devices," which include any device {you use/SP uses} to help {you hear/SP hear}. Some examples include:

FM system, which provides direct input to your hearing aid or another earpiece.

Closed-captioned television, which displays the audio portion of a television program as text on the TV screen.

Instant or text messages, when used because {you have/SP has} difficulty hearing on the telephone

Live video streaming, for example, video on computers or phones using sign language or other means to communicate.

Amplified telephone, which improves telephone communication through amplified volume, loud ringers, light signalers, voice enhancers, etc.

Relay services, in which a third party transmits messages between {you/SP} and another person

Sign language interpreter, translate from spoken to signed language.

AUQ.420 {Have you/Has SP} **ever** had ear infections or ear aches?

- YES 1
- NO 2 (AUQ.144)
- REFUSED 7 (AUQ.144)
- DON'T KNOW 9 (AUQ.144)

AUQ.430 {Have you/Has SP} **ever** had 3 or more ear infections or ear aches?

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

AUQ.139 {Have you/Has SP} **ever** had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear or to treat ear infections?

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

AUQ.144 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/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

AUQ.147 {Do you/Does SP} **now wear or use** a hearing aid, a personal sound amplifier, or cochlear implant?

YES	1
NO	2 (AUQ.630)
REFUSED	7 (AUQ.630)
DON'T KNOW.....	9 (AUQ.630)

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.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little "boost" in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for an individual's hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing-impaired individuals as a low-cost alternative to hearing aids.

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.

AUQ.149 Which was it?

CODE ALL THAT APPLY

CAPI INSTRUCTION:

IF ANY OR ALL RESPONSE OPTIONS 1, 2, OR 3 ARE SELECTED, GO TO AUQ.153.

A HEARING AID	1
A PERSONAL SOUND AMPLIFIER.....	2
A COCHLEAR IMPLANT.....	3
REFUSED	7 (BOX 4A)
DON'T KNOW.....	9 (BOX 4A)

AUQ.153 In the **past 2 weeks**, how often {have you/has SP} worn a {hearing aid and/or personal sound amplifier and/or cochlear implant}?

If unsure, provide your best estimate of the average amount of time {you have/he has/she has} worn {your/his/her} {hearing aid, and/or personal sound amplifier, and/or cochlear implant}.

CAPI INSTRUCTION:

IF AUQ.149 = 1, DISPLAY "hearing aid"

IF AUQ.149 = 2, DISPLAY "personal sound amplifier"

IF AUQ.149 = 3, DISPLAY "cochlear implant"

IF AUQ.149 = 1 AND AUQ.149 = 2, DISPLAY "hearing aid and/or personal sound amplifier"

IF AUQ.149 = 1 AND AUQ.149 = 3, DISPLAY "hearing aid and/or cochlear implant"

IF AUQ.149 = 2 AND AUQ.149 = 3, DISPLAY "personal sound amplifier and/or cochlear implant"

IF AUQ.149 = 1 AND AUQ.149 = 2 AND AUQ.149 = 3, DISPLAY "hearing aid and/or personal sound amplifier and/or cochlear implant"

READ CATEGORIES IF NECESSARY

LESS THAN 1 HOUR A DAY	1 (BOX 4A)
1 TO 3 HOURS A DAY	2 (BOX 4A)
4 TO 7 HOURS A DAY	3 (BOX 4A)
8 OR MORE HOURS PER DAY	4 (BOX 4A)
NEVER	5 (BOX 4A)
REFUSED	7 (BOX 4A)
DON'T KNOW.....	9 (BOX 4A)

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.

Personal Sound Amplifier: A wearable electronic product that is intended to amplify sounds for people with normal hearing who need a little "boost" in some situations. They are sold direct to the consumer over-the-counter or online, and are not customized for an individual's hearing loss. Although not designed for people with hearing loss, they are frequently used by hearing-impaired individuals as a low-cost alternative to hearing aids.

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.

AUQ.630 {Have you/Has SP} **ever** worn or used a hearing aid, a personal sound amplifier, or cochlear implant in the past?

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

BOX 4A

CHECK ITEM AUQ.435:
IF SP AGE >= 6 AND SP AGE <= 15 CONTINUE.
OTHERWISE, GO TO AUQ.101.

AUQ.440 Has SP **ever** received Special Education or Early Intervention Services for speech-language, reading, hearing or listening skills, intellectual disability, movement or mobility difficulties (e.g., using arms or legs), or other developmental or disability problems?

- YES 1
- NO 2 (AUQ.460)
- REFUSED 7 (AUQ.460)
- DON'T KNOW..... 9 (AUQ.460)

HELP SCREEN:

Special Education: Teaching designed to meet the needs of a child with special needs and/or disabilities. It is paid for by the public school system and may take place at a regular school, a special school, a private school, at home, or at a hospital.

Early Intervention Services: Services designed to meet the needs of very young children with special needs and/or disabilities. They may include but are not limited to: medical and social services, parental counseling, and therapy. They may be provided at the child's home, a medical center, a day care center, or other place. They are provided by the state or school system at no cost to the parent.

AUQ.450 Which was it?

INTERVIEWER INSTRUCTION: CODE ALL THAT APPLY

HAND CARD AUQ2

- SPEECH-LANGUAGE..... 1
- READING 2
- HEARING OR LISTENING SKILLS..... 3
- INTELLECTUAL DISABILITY 4
- MOVEMENT OR MOBILITY DIFFICULTIES. 5
- OTHER DEVELOPMENTAL OR DISABILITY PROBLEMS..... 6
- REFUSED 77
- DON'T KNOW..... 99

AUQ.460 Has SP **ever** been exposed to **very loud noise or music** for **10 or more hours a week for a period of 3 months or longer**?

This is noise so loud {he/she has} to shout to be understood or heard 3 feet away.

- YES 1
- NO 2 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

AUQ.470 How long has SP been exposed to **very loud noise or music** for **10 or more hours a week**?

This is noise so loud that {he/she has} to shout to be understood or heard 3 feet away.

READ CATEGORIES IF NECESSARY

- LESS THAN 1 YEAR 1 (END OF SECTION)
- 1 TO 2 YEARS..... 2 (END OF SECTION)
- 3 TO 4 YEARS..... 3 (END OF SECTION)
- 5 OR MORE YEARS 4 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW..... 9 (END OF SECTION)

AUQ.101 How often {do you/does SP} have difficulty hearing and understanding 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 AUQ3

- Always, 1
- Usually, 2
- About half the time, 3
- Seldom, or 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 AUQ3

- ALWAYS, 1
- USUALLY, 2
- ABOUT HALF THE TIME, 3
- SELDOM, OR 4
- NEVER? 5
- REFUSED 7
- DON'T KNOW..... 9

AUQ.480 How often does {your/SP's} hearing cause {you/him/her} to avoid groups of people, limiting or hampering {your/his/her} personal or social life? Would you say...

HAND CARD AUQ3

- ALWAYS,..... 1
- USUALLY, 2
- ABOUT HALF THE TIME, 3
- SELDOM, OR 4
- NEVER? 5
- REFUSED 7
- DON'T KNOW..... 9

AUQ.490 During the **past 12 months**, {have you/has SP} had a problem with dizziness, lightheadedness, feeling as if {you are/s/he is} going to pass out or faint, unsteadiness or imbalance?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE TIMES WHEN DRINKING ALCOHOL.

- 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.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, or 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? Would you say...

- No problem, 1
- A small problem, 2
- A moderate problem, 3
- A big problem, or 4
- A very big problem? 5
- REFUSED 7
- DON'T KNOW 9

AUQ.500 {Have you/Has SP} ever discussed this ringing, roaring, or buzzing in {your/his/her} ears or head with {your/his/her} doctor or other health care professional?

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

AUQ.300 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?

- YES 1
- NO 2 (AUQ.330)
- REFUSED 7 (AUQ.330)
- DON'T KNOW 9 (AUQ.330)

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?

INTERVIEWER: PROTECTIVE HEARING DEVICES INCLUDE PLUGS AND EARMUFFS.

HAND CARD AUQ3

- Always, 1
- Usually, 2
- About half the time, 3
- Seldom, or 4
- Never? 5
- REFUSED 7
- DON'T KNOW 9

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.)

- YES 1
- NO 2 (AUQ.370)
- NEVER WORKED 3 (AUQ.370)
- REFUSED 7 (AUQ.370)
- DON'T KNOW 9 (AUQ.370)

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/was 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/s/he 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 (AUQ.380)
REFUSED	7 (AUQ.380)
DON'T KNOW.....	9 (AUQ.380)

AUQ.510 How long {have you/has SP} been exposed to **very loud noise or music** for **10 or more hours a week**?

This is noise so loud that {you have/s/he has} to shout to be understood or heard 3 feet away.

READ CATEGORIES IF NECESSARY

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

AUQ.380 **In the past 12 months, how often** did {you/SP} wear hearing protection devices (ear plugs, ear muffs) when exposed to very loud sounds or noise?

INTERVIEWER INSTRUCTION: PLEASE INCLUDE BOTH ON THE JOB AND OFF THE JOB EXPOSURES.

HAND CARD AUQ4

ALWAYS.....	1
USUALLY	2
ABOUT HALF THE TIME	3
SELDOM	4
NEVER	5
NO NOISE EXPOSURE PAST 12 MONTHS..	6
REFUSED	77
DON'T KNOW.....	99

HELP TEXT:

Hearing Protection Device: A device such as an earplug or earmuff designed to protect you from noise that is so loud that it might damage your hearing.