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

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

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