

APPENDIX F

CHILD QUESTIONS FOR HEARING SCREENING

**Early Childhood Longitudinal Study, Kindergarten Class of 2010-11
(ECLS-K:2011)**

Spring First-Grade and Fall Second-Grade National Data Collections

**OMB Clearance Package
1850-0750 v.10**

1. Do you have a cold or runny nose today?

YES
NO
REFUSED
DON'T KNOW

(IF NO) Did you have a cold or runny nose yesterday?

2. Have your ears hurt today?

YES – RIGHT
YES – LEFT
YES - BOTH
NO
REFUSED
DON'T KNOW

(IF YES TO EITHER) Which ear hurt?
(IF NO) Did your ears hurt yesterday?

3. Have you listened to very loud TV, very loud music, or any other very loud sounds today?

YES
NO
REFUSED
DON'T KNOW

(IF NO) Did you listen to very loud TV, very loud music, or any other very loud sounds yesterday?

4. Do you have tubes in your ears? (IF YES) In which ear do you have these tubes?

YES – RIGHT
YES – LEFT
YES - BOTH
NO
REFUSED
DON'T KNOW

(IF YES) In which ear do you have these tubes?
(If DON'T KNOW, try) Do you have to wear earplugs when you swim or take a bath or shower?

5. Do you hear better in one ear than in the other?

YES – RIGHT
YES – LEFT
NO/DON'T KNOW
REFUSED

(IF YES) In which ear do you hear better?