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 10309 - Hearing, vision, speech

Hearing, vision, speech

## Concept

10309 - Hearing, vision, speech

- [qi\\_A2\\_iii - A2 iii](#)
- [qi\\_A2\\_iv - A2 iv](#)
- [qi\\_A4\\_a - A4 a](#)
- [qi\\_A4\\_b - A4 b](#)
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- [qi\\_C1 - C1](#)
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- [qi\\_C7 - C7](#)
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- [qi\\_outro\\_i - outro i](#)
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- [qi\\_s4\\_xv - s4 xv](#)
- [qg\\_C5 - C5](#)
- [qg\\_C6 - C6](#)

 [qi\\_A2\\_iii - A2 iii](#)

A2 iii

### Question

at what age(s) were procedures carried out Vision Screenings

1	5
2	6
3	7
4	8
5	9
6	10
7	11
8	12
9	13
10	14
11	15


 qi\_A2\_iv - A2 iv

A2 iv

**Question**

at what age(s) were procedures carried out Hearing Tests

1	5
2	6
3	7
4	8
5	9
6	10
7	11
8	12
9	13
10	14
11	15

 qi\_A4\_a - A4 a

A4 a

**Question**

Is there any evidence that the study teenager has attended any of the following since 10 years old? Hearing clinic/consultant audiologist

1	Yes
2	No
3	Don't know


 qi\_A4\_b - A4 b

A4 b

**Question**

Is there any evidence that the study teenager has attended any of the following since 10 years old? Eye clinic/consultant ophthalmologist

1	Yes
2	No
3	Don't know

 qi\_A4\_c - A4 c

A4 c

**Question**

Is there any evidence that the study teenager has attended any of the following since 10 years old? Speech therapy

1	Yes
2	No
3	Don't know

 qi\_C1 - C1


C1

**Question**

In the light of your clinical examination and the records you have seen, do you consider that there is evidence of any current hearing loss?

1	YES, minimal: Unilateral
2	YES, minimal: Bilateral

3	YES, moderate: Unilateral
4	YES, moderate: Bilateral
5	YES, marked: Unilateral
6	YES, marked: Bilateral
7	NO
8	Uncertain
9	Not known

 qi\_C1\_b - C1 b

C1 b

**Question**

Do you consider that the hearing loss will interfere with normal schooling or everyday functioning?

1	YES, severely
2	YES, somewhat
3	NO,
4	Unable to assess

 qi\_C1\_c - C1 c

C1 c

**Question**

Does the teenager wear a hearing aid?

1	YES
2	NO

 qi\_C2 - C2

C2

**Question**

How intelligible have you found the teenager's speech?

1	Fully intelligible
2	Almost all words are intelligible

3	Many words unintelligible
4	All, or nearly all, words unintelligible
5	Unable to assess (please give reason ...)

**Type**

Text

**Label**

Generic text

**Maximum Length**

255



C7

**Question**

In the light of your examination and the records you have seen, would you consider that there is any current visual defect, and does it result in interference with normal schooling or everyday functioning?

1	No visual defect
2	Visual defect - but no interference
3	Visual defect - with some interference
4	Visual defect - manages school books with difficulty
5	Visual defect - requires special school books/visual aids
6	Visual defect - vision insufficient for special books
7	Unable to assess (please give reason ...)
8	Not examined

**Type**

Text

**Label**

Generic text

**Maximum Length**

255



C7 i

**Question**

please describe below

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_outro\_i - outro i

outro i

**Question**

Date

**Type**

Date/Time (Date)

**Label**

Generic date

 qi\_s4\_a\_i - s4 a(i)

s4 a(i)

**Question**

SWEEP AUDIOMETRY Right ear

1	Normal
2	Abnormal

 qi\_s4\_a\_i\_a - s4 a(i)

s4 a(i)

**Question**

Give reason

**Type**

Text



**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_a\_ii - s4 a(ii)

s4 a(ii)

**Question**

SWEEP AUDIOMETRY Left ear

1	Normal
2	Abnormal

 qi\_s4\_a\_ii\_a - s4 a(ii)

s4 a(ii)

**Question**

Give reason

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_vi - s4 vi

s4 vi

**Question**

Audiogram recorded at

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_vii - s4 vii

s4 vii

**Question**

Name of recorder

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_viii - s4 viii

s4 viii

**Question**


Date

**Type**

Date/Time (Date)

**Label**

Generic date

 qi\_s4\_ix - s4 ix

s4 ix

**Question**

Professional status

**Type**


Text

**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_x - s4 x

s4 x

**Question**

Make of audiometer

**Type**


Text

**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_xi - s4 xi

s4 xi

**Question**


Level of sweep ... dB's

**Label**

How many

**Low**

0 (inclusive)

 qi\_s4\_xii - s4 xii

s4 xii

**Question**

Frequencies tested by sweep

**Label**

How many

**Low**

0 (inclusive)

**Label**

How many 2

**Low**

0 (inclusive)

**Label**

How many 3

**Low**

0 (inclusive)

 qi\_s4\_xiii - s4 xiii

s4 xiii

**Question**

please enter date and result of most recent audiogram below, whether sweep or pure-tone. Alternatively, give result of recent clinical assessment, if any. Type of test

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

 qi\_s4\_xiv - s4 xiv

s4 xiv

**Question**

please enter date and result of most recent audiogram below, whether sweep or pure-tone. Alternatively, give result of recent clinical assessment, if any. Result

**Type**

Text

**Label**

Generic text

**Maximum Length**

255

qi\_s4\_xv - s4 xv

s4 xv

### Question

please enter date and result of most recent audiogram below, whether sweep or pure-tone. Alternatively, give result of recent clinical assessment, if any. Date tested

### Type

Date/Time (Date)

### Label

Generic date

qg\_C5 - C5

C5

Test at exactly 20 feet with a standard Snellen Chart of block capitals. Hang chart in good light level with teenager's eyes and free from glare. Occlude opposite eye in usual way. Test all teenagers (without glasses) first and record result separately for Right Eye and Left Eye. Then re-test only teenagers with glasses/lens, wearing them.

### Code List Dimension

1	Crude distant vision without glasses (test all teenagers): Right eye
2	Crude distant vision without glasses (test all teenagers): Left eye
3	Distant vision, wearing glasses/contacts: Right eye
4	Distant vision, wearing glasses/contacts: Left eye

### Code List Dimension

1	DISTANT VISUAL ACUITY
---	-----------------------

### Responses

1	6
2	9
3	12
4	18

5	24
6	36
7	60
8	Worse than 60
9	Unable to test

 qg\_C6 - C6

## C6

A Sheridan-Gardiner near-vision chart is provided in the instruction manual. The teenager should hold it in a good light at a distance of approximately 10 inches away from the eyes. Please occlude the other eye efficiently without pressure on the eyeball. If the teenager cannot read, ask him/her to draw the letters in the air. Test near vision in all teenagers and then retest only teenagers with glasses/lenses, wearing them.

## Code List Dimension

1	Near Vision without glasses (all teenagers): Right eye
2	Near Vision without glasses (all teenagers): Left eye
3	Near Vision wearing glasses/contacts: Right eye
4	Near Vision wearing glasses/contacts: Left eye

## Code List Dimension

1	-
---	---

## Responses

1	6
2	9
3	12
4	18
5	24
6	36
7	60
8	Worse than 60
9	Unable to test