ETS Praxis Audiology Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Table of Contents

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. When cost is a concern, which amplification option is typically most cost-effective and easy to use?

A. Full-Shell Hearing Aids

B. Receiver-In-The-Canal Hearing Aids

C. Personal Listening System With Headphones

D. Half-Shell Hearing Aids

2. The key consideration that calls for sterilization rather than disinfection is that the equipment

A. is used with multiple patients

B. does not have disposable parts

C. comes into contact with blood or other bodily substances

D. can survive the heat of sterilization in an autoclave

3. What does the acronym CROS stand for in hearing-aid technology?

A. Contralateral Routing of Signal

B. Centralized Routing of Signal

C. Contralateral Reversing of Signal

D. Cochlear Removal Opportunity

4. For identification audiometry in school-age children, which type of signal should be used?

A. Speech stimuli in quiet

B. Speech stimuli in noise

C. Frequency-modulated signals

D. Pure-tone signals

5. Which test most directly predicts the presence of a conductive hearing loss?

A. Rinne

B. Weber

C. Schwabach

D. Stenger

6. Which maneuver is commonly used to diagnose BPPV by provoking positional vertigo and nystagmus?

A. Epley

B. Dix-Hallpike

C. Bárány

D. Gaze

7. An audiometer attenuator is set to 0 dB HL. Which statement about the sound-pressure level output at the earphone is true?

A. It is constant across all frequencies.

B. It is lowest at midfrequencies.

C. It increases as a function of frequency.

D. It is highest at 4000 Hz.

8. For a child with moderate sensorineural hearing loss using binaural hearing aids who struggles in noise, what is the best recommendation?

A. Use of digital noise reduction features in the hearing aids

B. Fitting with a personal FM system that uses earbuds

C. Fitting with FM system coupled to the hearing aids

D. Referral for a cochlear implant evaluation

9. Hearing-conservation programs for children often include screening with pure tones and acoustic immittance measures, whereas adult programs rely on pure tones alone. Which statement best justifies this difference?

A. There is a significantly higher incidence of middle-ear pathology among children than among adults.

B. There is a significantly lower incidence of middle-ear pathology among children than among adults.

C. Screenings for children often take place in challenging acoustic environments.

D. Hearing-immittance measures for adults are less sensitive in identifying middle-ear pathology.

10. A caloric test shows a left unilateral weakness. Which statement is most accurate?

A. It suggests a right peripheral vestibular disorder of the labyrinth

B. It is of no real interpretive value

C. It suggests a nonspecific (nonlocalizing) vestibular disorder

D. It suggests a left peripheral vestibular disorder of either the labyrinth or the VIIIth nerve.

Answers

1. C
2. C
3. A
4. D
5. A
6. A
7. B
8. C
9. A
10. D

Explanations

1. When cost is a concern, which amplification option is typically most cost-effective and easy to use?

A. Full-Shell Hearing Aids

B. Receiver-In-The-Canal Hearing Aids

C. Personal Listening System With Headphones

D. Half-Shell Hearing Aids

When cost is a concern, a personal listening system with headphones is typically the most affordable and easiest option to use. These systems are inexpensive upfront and don't require professional fitting, earmolds, or custom shells. They're plug-and-play: you turn on the microphone, adjust the volume, and listen through headphones, which makes them quick and reliable for everyday listening, TV, conversations, or meetings. In contrast, full-shell or half-shell hearing aids and receiver-in-canal devices usually involve higher purchase prices, fittings, and ongoing maintenance, making them less budget-friendly and more complex to set up. So for a low upfront cost and simple operation, a personal listening system with headphones is the best fit.

2. The key consideration that calls for sterilization rather than disinfection is that the equipment

A. is used with multiple patients

B. does not have disposable parts

C. comes into contact with blood or other bodily substances

D. can survive the heat of sterilization in an autoclave

Sterilization is required for items that will contact blood or other body substances because these materials can carry infectious agents into sterile body sites. The goal is to destroy all microorganisms, including spores, which disinfection alone cannot always guarantee. When equipment touches blood or bodily fluids, anything short of true sterility risks transmitting infection to the patient, so sterilization is the appropriate level of decontamination. Other statements don't define when sterilization is needed: sharing equipment or lacking disposable parts isn't by itself a determinant of sterility, and an item's ability to survive heat doesn't establish the need for disinfection over sterilization—the deciding factor is contact with blood or bodily substances.

3. What does the acronym CROS stand for in hearing-aid technology?

A. Contralateral Routing of Signal

B. Centralized Routing of Signal

C. Contralateral Reversing of Signal

D. Cochlear Removal Opportunity

For unilateral hearing loss, CROS stands for Contralateral Routing of Signal. In this setup, a microphone placed on the poorer ear captures sound from the environment and wires or wirelessly transmits it to a receiver on the better ear. The word contralateral means the signal is sent to the opposite side, and routing describes directing that sound to the other ear. The result is that sounds from the deaf side are heard by the functioning ear, improving awareness and speech understanding in noise. If the good ear also has significant loss, a BiCROS arrangement might be used, combining amplification on both sides, but the fundamental idea of CROS is simply sending the signal from the poor ear to the better ear.

4. For identification audiometry in school-age children, which type of signal should be used?

A. Speech stimuli in quiet

B. Speech stimuli in noise

C. Frequency-modulated signals

D. Pure-tone signals

The main idea is that identification audiometry aims to determine basic, frequency-specific hearing thresholds using a simple behavioral task. For school-age children, the standard approach is to present pure-tone stimuli because they are the most straightforward and reliable way to measure whether a child can detect sounds at specific frequencies. Pure tones are easy to control for frequency and intensity, allowing the audiologist to build a clear audiogram across the usual frequencies (250 Hz to 8 kHz). Speech stimuli, while useful for assessing how well a child understands spoken words, are not ideal for identifying pure-tone thresholds because they involve language processing and memory and don't provide clean, frequency-specific threshold data. Speech-in-noise tests examine perception in noisy environments rather than basic detection. Frequency-modulated signals aren't the typical choice for establishing simple, threshold-level audiometry, as they're used for more specialized purposes and can complicate threshold estimation. Pure-tone signals stay the standard because they yield the most direct measure of the child's auditory sensitivity across frequencies.

5. Which test most directly predicts the presence of a conductive hearing loss?

A. Rinne

B. Weber

C. Schwabach

D. Stenger

The key idea is that air conduction and bone conduction testing reveal whether the problem is in the outer/middle ear (conductive) or in the inner ear/cochlea (sensorineural). The Rinne test directly compares air conduction to bone conduction in the same ear. If the sound is heard longer when the tuning fork is near the ear canal (air conduction) than when it is on the mastoid (bone conduction), that's a positive Rinne result and suggests no conductive loss. If the sound is heard longer on the bone (bone conduction) than in the ear canal, that's a negative Rinne result and points to a conductive hearing loss in that ear. Because it directly contrasts the two pathways in the affected ear, the Rinne test is the most straightforward way to predict the presence of a conductive impairment. The Weber test, by contrast, helps decide between conductive and sensorineural loss when there's asymmetry, but it doesn't directly indicate conductive loss on its own. Schwabach is an older bone-conduction comparison that's less direct and not routinely used for diagnosing conductive loss. Stenger is used to detect nonorganic (functional) involvement rather than to diagnose conductive pathology.

6. Which maneuver is commonly used to diagnose BPPV by provoking positional vertigo and nystagmus?

A. Epley

B. Dix-Hallpike

C. Bárány

D. Gaze

Diagnosing BPPV relies on provoking the positional changes that cause the vertigo and the telltale eye movements. The preferred diagnostic move is the Dix-Hallpike maneuver. In this test, the head is turned to one side and then laid back with the head extended so the posterior semicircular canal is gravity-dependent. If BPPV is present, vertigo typically begins after a brief delay and lasts less than a minute, accompanied by a characteristic pattern of nystagmus that is usually upbeating with a torsional component toward the affected ear. Observing both the timing and the direction of the nystagmus helps confirm BPPV and indicates which canal is involved. The Epley maneuver, by contrast, is a treatment sequence designed to move displaced otoconia out of the canal and into the vestibule, rather than to diagnose. The other options aren't standard diagnostic maneuvers for provoking the specific positional vertigo and nystagmus seen in BPPV.

7. An audiometer attenuator is set to 0 dB HL. Which statement about the sound-pressure level output at the earphone is true?

A. It is constant across all frequencies.

B. It is lowest at midfrequencies.

C. It increases as a function of frequency.

D. It is highest at 4000 Hz.

The key idea is that 0 dB HL is a reference to the average normal-hearing threshold at each frequency, not a fixed SPL. Because the ear's sensitivity varies with frequency, the actual sound pressure level at the earphone needed to reach 0 dB HL also varies. The human ear is most sensitive in the midfrequency range, so the SPL required to achieve 0 dB HL is smallest there. At the low and high ends, thresholds are higher in SPL, so more SPL is needed. Thus, when the attenuator is set to 0 dB HL, the earphone's output SPL is lowest at midfrequencies.

8. For a child with moderate sensorineural hearing loss using binaural hearing aids who struggles in noise, what is the best recommendation?

A. Use of digital noise reduction features in the hearing aids

B. Fitting with a personal FM system that uses earbuds

C. Fitting with FM system coupled to the hearing aids

D. Referral for a cochlear implant evaluation

Enhancing speech understanding in noisy environments for a child with bilateral hearing aids is best achieved with an FM system directly coupled to the hearing aids. This arrangement delivers the speaker's voice straight to both ears in real time, giving a clear signal-to-noise improvement and preserving binaural cues that help with localization and speech recognition in noise. In a classroom, distance and reverberation can significantly degrade speech signals; an FM system that is tied into the hearing aids minimizes these issues by providing a consistent, direct input to both ears. A personal FM system with earbuds can help by improving the signal-to-noise ratio, but when it isn't integrated with the hearing aids, the benefit may be limited to one ear or lack seamless coordination across devices, making the overall advantage less robust than a system that's directly coupled to the aids. Digital noise reduction in the hearing aids can contribute some improvement, but it doesn't reliably provide as much SNR gain as an FM system and can sometimes affect speech cues. Referral for a cochlear implant evaluation isn't the primary step here given the moderate loss if sufficient benefit can be obtained with aided sound and an FM system; implant consideration typically follows if conventional amplification with FM still leaves the child struggling in everyday listening.

9. Hearing-conservation programs for children often include screening with pure tones and acoustic immittance measures, whereas adult programs rely on pure tones alone. Which statement best justifies this difference?

A. There is a significantly higher incidence of middle-ear pathology among children than among adults.

B. There is a significantly lower incidence of middle-ear pathology among children than among adults.

C. Screenings for children often take place in challenging acoustic environments.

D. Hearing-immittance measures for adults are less sensitive in identifying middle-ear pathology.

Middle-ear health drives the screening approach in children. Middle-ear pathology, such as otitis media with effusion, is more common in children than in adults, and it can transiently reduce hearing or mask true cochlear sensitivity. Acoustic immittance testing (tympanometry and related measures) evaluates middle-ear function, helping to detect fluid, negative middle-ear pressure, or stiffening of the tympanic membrane even when pure-tone thresholds appear normal. Including immittance in pediatric screenings ensures these middle-ear issues don't go unnoticed, which is important for accurate hearing assessment and timely management that supports language and development. In adults, middle-ear pathology is less prevalent, so relying on pure-tone screening alone is generally sufficient for the goals of hearing-conservation programs. The other statements don't address why immittance is added for children—the key factor is the higher incidence of middle-ear disease in that group.

10. A caloric test shows a left unilateral weakness. Which statement is most accurate?

A. It suggests a right peripheral vestibular disorder of the labyrinth

B. It is of no real interpretive value

C. It suggests a nonspecific (nonlocalizing) vestibular disorder

D. It suggests a left peripheral vestibular disorder of either the labyrinth or the VIIIth nerve.

A unilateral weakness on caloric testing localizes to reduced function on the side of the weakness, pointing to a left peripheral vestibular lesion. This means the problem could be in the left labyrinth or in the left vestibular (VIIIth nerve) pathway supplying that labyrinth. The test doesn't point to a right-sided issue, nor does it render the finding nonlocalizing or of no interpretive value. A clear, side-specific deficit like this is one of the ways caloric testing helps differentiate peripheral vestibular dysfunction from other possibilities.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://etspraxisaudiology.examzify.com

We wish you the very best on your exam journey. You've got this!