

ETS PRAXIS AUDIOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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- 1. Which assessment tool was used to measure speech recognition in noise in the head-angle study?**
 - A. Connected Speech Test (CST v3)
 - B. QuickSIN
 - C. HINT
 - D. BKB-SIN
- 2. Endolymphatic hydrops in Ménière's disease expands the apical region of the cochlea, leading to diminished low-frequency hearing. Which frequency range is typically affected first?**
 - A. High frequencies
 - B. Low frequencies
 - C. Mid frequencies
 - D. All frequencies equally
- 3. Elicitation of an acoustic reflex at a hearing level better than that obtained with voluntary behavioral responses suggests the presence of which condition?**
 - A. Loudness Recruitment
 - B. Abnormal Adaptation or Tone Decay
 - C. High Impedance or Low Compliance
 - D. Functional or Nonorganic Hearing Loss
- 4. Which hearing-aid input transducer is specifically sensitive to electromagnetic energy?**
 - A. Omnidirectional Microphone
 - B. Directional Microphone
 - C. Telecoil
 - D. Internal Receiver
- 5. Which test is a phonetically balanced word list used for open-set speech recognition testing at multiple intensity levels?**
 - A. Central Institute for the Deaf (CID) W-1
 - B. Northwestern University Test No.6 (NU6)
 - C. Phonetically Balanced Kindergarten Test (PB-K)
 - D. Word Intelligibility by Picture Identification (WIPI)

- 6. Unilateral absence of the acoustic reflex due to left-sided VIIIth nerve pathology would be best described as which of the following?**
- A. Conduction loss in the left ear
 - B. VIIIth nerve pathology left
 - C. VIIth nerve pathology left
 - D. Sensorineural loss in the right ear
- 7. Which statement accurately describes the occlusion effect observed during bone-conduction testing?**
- A. It results in artificially poorer thresholds at all frequencies.
 - B. It can affect the measurement of air-conduction thresholds at low frequencies.
 - C. It can affect the measurement of bone-conduction thresholds at high frequencies.
 - D. It can affect the measurement of bone-conduction thresholds at low frequencies.
- 8. Under OSHA regulations, a standard threshold shift on an annual audiogram is defined as a change in hearing threshold relative to baseline of an average of 10 dB or more at which frequencies?**
- A. 500, 1000, and 2000 Hz
 - B. 1000, 2000, and 3000 Hz
 - C. 2000, 3000, and 4000 Hz
 - D. 500, 1000, 2000, and 3000 Hz
- 9. Which maneuver is commonly used to diagnose BPPV by provoking positional vertigo and nystagmus?**
- A. Epley
 - B. Dix-Hallpike
 - C. Bárány
 - D. Gaze
- 10. In audiometric testing, a false-positive response means that the**
- A. Signal was not presented and the patient did not respond
 - B. Signal was not presented and the patient responded
 - C. Signal was presented and the patient responded
 - D. Signal was presented and the patient did not respond

Answers

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

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Explanations

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1. Which assessment tool was used to measure speech recognition in noise in the head-angle study?

A. Connected Speech Test (CST v3)

B. QuickSIN

C. HINT

D. BKB-SIN

Understanding speech in noise with natural, connected speech captures how people actually listen in everyday conversations, especially when head position changes how speech and noise reach the ears. The Connected Speech Test uses meaningful sentences spoken in noise and scores how well a listener recalls or repeats the content, which makes it sensitive to the subtle effects of head angle on speech understanding. This ecologically valid approach aligns with the head-angle study's aim to see how orientation influences real-world listening performance, because it reflects how we use context and prosody in noisy environments. Other tests—while useful for quick screens of speech-in-noise performance—focus on different formats: some use fixed SNR steps to estimate SNR loss, others adapt to find a threshold for sentence recognition, and some rely on simpler or non-conversational sentence material. Those differences mean they may not capture the same effects of head orientation on recognizing continuous speech in noise as the connected speech test does.

2. Endolymphatic hydrops in Ménière's disease expands the apical region of the cochlea, leading to diminished low-frequency hearing. Which frequency range is typically affected first?

A. High frequencies

B. Low frequencies

C. Mid frequencies

D. All frequencies equally

Cochlear tonotopy means the base handles high frequencies while the apex handles low frequencies. In Ménière's disease, endolymphatic hydrops tends to expand the apical region first, where the hair cells for low frequencies reside. This makes low-frequency sounds the first to show a decline in sensitivity. So you see diminished hearing in the low-frequency range early on, with higher frequencies often remaining clearer initially and affected later as the disease progresses. The other patterns—high frequencies first, mid frequencies first, or all frequencies equally—don't fit the typical early change caused by apical, low-frequency involvement.

3. Elicitation of an acoustic reflex at a hearing level better than that obtained with voluntary behavioral responses suggests the presence of which condition?

- A. Loudness Recruitment
- B. Abnormal Adaptation or Tone Decay
- C. High Impedance or Low Compliance
- D. Functional or Nonorganic Hearing Loss**

The key idea is that acoustic reflex testing provides an objective measure of auditory function that does not depend on the patient's behavioral responses. If the acoustic reflex can be elicited at a hearing level that is better (lower) than the level at which the patient can reliably respond behaviorally, this creates a discrepancy between objective evidence of usable auditory pathways and poor or inconsistent behavioral reporting. Such a mismatch is classic for functional or nonorganic hearing loss, where psychological or nonphysiological factors affect how the patient performs in behavioral tasks, but the reflex pathway remains intact enough to elicit a response at normal levels. Loudness recruitment, abnormal adaptation or tone decay, and high impedance/low compliance each produce different patterns that don't explain a reflex that appears at a better hearing level than the behavioral threshold. Recruitment relates to how loudness grows with level, not to a mismatch between reflex and behavioral thresholds. Tone decay suggests retrocochlear or other dysfunction affecting sustained perception, not a discrepancy between objective reflex and subjective hearing. Middle-ear impedance issues can abolish or alter reflexes, but that would not explain a reflex appearing at a more sensitive level than behavioral response in the presence of otherwise normal reflex pathways.

4. Which hearing-aid input transducer is specifically sensitive to electromagnetic energy?

- A. Omnidirectional Microphone
- B. Directional Microphone
- C. Telecoil**
- D. Internal Receiver

Telecoil is the hearing-aid input transducer that responds to magnetic fields. It's essentially a small induction coil inside the aid that converts electromagnetic energy from loop systems or telephone handsets into an electrical signal the device can process. This magnetic coupling sets it apart from microphones, which pick up acoustic sound waves, and from the internal receiver, which is the output transducer that sends sound into the ear. So, the telecoil is specifically sensitive to electromagnetic energy.

5. Which test is a phonetically balanced word list used for open-set speech recognition testing at multiple intensity levels?

- A. Central Institute for the Deaf (CID) W-1
- B. Northwestern University Test No.6 (NU6)**
- C. Phonetically Balanced Kindergarten Test (PB-K)
- D. Word Intelligibility by Picture Identification (WIPI)

Phonetically balanced word lists are designed so the set of test words represents English phoneme usage fairly, providing a reliable measure of how well someone recognizes real words across the speech spectrum. The Northwestern University Test No.6 is a standard monosyllabic word list that is explicitly used for open-set speech recognition testing in adults and is typically presented at multiple intensity levels to map performance as loudness changes. This combination—open-set responses (the listener can say any word) with a phonetically balanced set and testing across several intensities—is why NU6 is the best answer. Other options serve different purposes: the WIPI is a closed-set, picture-based test; the PB-K is a pediatric phonetically balanced list; and CID W-1 is another PB list but is less commonly described for open-set testing across multiple intensity levels in standard practice.

6. Unilateral absence of the acoustic reflex due to left-sided VIIth nerve pathology would be best described as which of the following?

- A. Conduction loss in the left ear
- B. VIIIth nerve pathology left
- C. VIIth nerve pathology left**
- D. Sensorineural loss in the right ear

The key idea is how the acoustic reflex arc works and how to localize a problem within it. The reflex is triggered when a sound enters the ear, sending an afferent signal through the cochlea and VIIIth nerve to the brainstem, and then an efferent signal travels back through the VIIth (facial) nerve to the stapedius muscle to cause contraction. If the left facial nerve is damaged, the left stapedius cannot contract, so the acoustic reflex is absent on the left side. That's why describing the issue as left-sided VIIth nerve pathology best fits the finding. It points to a problem in the efferent limb on the left, which directly explains the unilateral reflex absence. The other statements don't align with this pattern: a conductive hearing loss would mainly alter hearing thresholds and middle-ear conduction, not selectively abolish the reflex due to a facial nerve lesion; VIIIth nerve pathology would affect the afferent limb and produce a different reflex pattern depending on the testing setup; a right-ear sensorineural loss describes a lesion on the right side, not the left.

7. Which statement accurately describes the occlusion effect observed during bone-conduction testing?

- A. It results in artificially poorer thresholds at all frequencies.
- B. It can affect the measurement of air-conduction thresholds at low frequencies.
- C. It can affect the measurement of bone-conduction thresholds at high frequencies.
- D. It can affect the measurement of bone-conduction thresholds at low frequencies.**

The occlusion effect is the change in bone-conduction thresholds that occurs when the ear canal is blocked. It is most pronounced at low frequencies, because occluding the canal reduces the escape of acoustic energy and increases the pressure transmitted to the inner ear from bone-conducted vibrations. This makes bone-conduction thresholds appear artificially better (lower) at low frequencies. So, it can affect bone-conduction measurements at low frequencies, while high-frequency bone-conduction thresholds are not notably impacted and air-conduction thresholds aren't the focus of this effect.

8. Under OSHA regulations, a standard threshold shift on an annual audiogram is defined as a change in hearing threshold relative to baseline of an average of 10 dB or more at which frequencies?

- A. 500, 1000, and 2000 Hz
- B. 1000, 2000, and 3000 Hz
- C. 2000, 3000, and 4000 Hz**
- D. 500, 1000, 2000, and 3000 Hz

OSHA assesses a standard threshold shift by looking at the average hearing threshold change at the higher frequencies most affected by noise, specifically 2000, 3000, and 4000 Hz. If the average threshold in an ear worsens by 10 dB or more compared with the baseline audiogram, that's considered a standard threshold shift. These particular frequencies are where noise-induced damage tends to show up first, so using the 2000–4000 Hz range reliably detects early shifts before other frequencies are involved. The calculation is done for each ear separately. The other sets of frequencies don't match OSHA's method: including lower frequencies like 500 Hz or 1000 Hz or adding extra frequencies (such as four frequencies) isn't how a standard threshold shift is defined.

9. 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 upbeat 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.

10. In audiometric testing, a false-positive response means that the

- A. Signal was not presented and the patient did not respond
- B. Signal was not presented and the patient responded**
- C. Signal was presented and the patient responded
- D. Signal was presented and the patient did not respond

In audiometric testing, decisions are based on a yes/no detection task: did the sound occur and did the patient respond? A false-positive is a false alarm—no sound was presented, yet the patient indicates hearing something. This is why the described scenario fits: no signal is given, but the patient presses the button in response. Such responses can skew the results by making thresholds appear better (lower) than they truly are, since the tester attributes those responses to actual hearing. This is why clinicians sometimes include catch trials and monitor response patterns to ensure reliability, using clear instructions and a calm testing environment to reduce guessing or inadvertent responding.

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!

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