

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Initials: \_\_\_\_\_

## 5 Minute Hearing Test

	Almost Always	Half the Time	Occasionally	Never
1. I have a problem hearing over the telephone.	_____	_____	_____	_____
2. I have trouble following the conversation when two or more people are talking at the same time.	_____	_____	_____	_____
3. People complain that I turn the TV volume too high.	_____	_____	_____	_____
4. I have to strain to understand conversations.	_____	_____	_____	_____
5. I miss hearing some common sounds like the phone or the doorbell ringing.	_____	_____	_____	_____
6. I have trouble hearing conversations in noisy background such as a party.	_____	_____	_____	_____
7. I get confused about where sounds come from.	_____	_____	_____	_____
8. I misunderstand some words in a sentence and need to ask people to repeat themselves.	_____	_____	_____	_____
9. I especially have trouble understanding the speech of women and children.	_____	_____	_____	_____
10. I have worked in noisy environments (assembly lines, jackhammers, jet engines, etc.)	_____	_____	_____	_____
11. I hear fine – if people just speak clearly.	_____	_____	_____	_____
12. People get annoyed because I misunderstand what they say.	_____	_____	_____	_____
13. I misunderstand what others are saying and make inappropriate responses.	_____	_____	_____	_____
14. I avoid social activities because I cannot hear well and fear I'll reply improperly.	_____	_____	_____	_____
<i>To be completed by a family member or friend:</i>				
15. Do you think this person has a hearing loss?	_____	_____	_____	_____
16. If you have a blood relative who has a hearing loss, add three points.	_____	_____	_____	_____

Almost always = 3 points

Half the time = 2 points

Occasionally = 1 point

Never = 0 points

0-5

6-9

10+

Your hearing is probably fine and no action is required.

We suggest that you have your hearing evaluated by an Audiologist.

We strongly recommend that you have your hearing evaluated by an Audiologist.

On a scale of 1-10 (1=poor, 10=good), how would you rate your overall hearing? \_\_\_\_\_