

Name: _____

Date: _____

Hearing Questionnaire

We have some questions about how you feel about your hearing. For each statement, please tell us whether the statement does describe you, does not describe you, or describes you sometimes.”

For each question, circle appropriate response:

	Does the question describe you ...?		
	No	Sometimes	Yes
1. Does a hearing problem cause you to feel embarrassed when you meet new people?	0	2	4
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	0	2	4
3. Do you have difficulty hearing when someone speaks in a whisper?	0	2	4
4. Do you feel handicapped by a hearing problem?	0	2	4
5. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	0	2	4
6. Does a hearing problem cause you to attend religious services less often than you would like?	0	2	4
7. Does a hearing problem cause you to have arguments with family members?	0	2	4
8. Does a hearing problem cause you to have difficulty when listening to television or radio?	0	2	4
9. Do you feel that any difficulty with your hearing limits/hampers your personal or social life?	0	2	4
10. Does a hearing problem cause you difficulty in a restaurant with relatives or friends?	0	2	4

Column Totals

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TOTAL SCORE

Scores > 8 are an indication of hearing impairment that would benefit from further audiologic evaluation.

Physician Signature