

Patient Name:

Date:

### Hearing Screening Questionnaire-Patient Version

Instructions: Answer Yes, No, or Sometimes for each question. Do not skip a question if you avoid a situation because of your hearing ability. If you use a hearing aid, please answer according to the way you hear with the hearing with the aid.

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

To be completed by Clinic Staff:

**Scoring:** No = 0; Sometimes = 2; Yes = 4.

**Interpretation of Total Score:** 0-8 = no handicap; 10-24 = mild to moderate handicap; 26-40 = severe handicap.

\* Adapted from: Ventry I, Weinstein B. Identification of elderly people with hearing problems. ASHA. 1983; 25:37-42.

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**Please list the top three listening situations in which you would like to hear better:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_