

E.N.T. Voice & Sinus Center of Nevada

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HEARING QUESTIONNAIRE

NAME: _____

DATE: _____

DATE OF BIRTH: _____

GENDER: _____

Have you worked in a noisy environment? YES NO	Do you wear a hearing aid? If yes, when did you begin to wear it? YES NO
Have you had a hearing test in the last five years? YES NO	Do you have a blood relative with hearing loss? YES NO

Please mark the column that best describes the frequency with which you experience each situation or feeling listed below.

SITUATION	ALWAYS	OFTEN	RARELY	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. I have trouble understanding things on TV.				
4. I have to strain to understand conversations.				
5. I have to worry about missing a telephone ring or doorbell.				
6. I have trouble hearing conversations in a noisy background.				
7. I get confused about where sounds come from.				
8. I misunderstand some words in a sentence and need to ask people to repeat them.				
9. I especially have trouble understanding the speech of women and children.				
10. I have trouble understanding the speaker in a large room such as meeting or church.				
11. Many people I talked to seem to mumble.				
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 will reply improperly.				
15. Family members and friends have told me they think I may have hearing loss.				