

HEARING QUESTIONNAIRE

NAME: _____ DATE: _____

DATE OF BIRTH: _____ GENDER: _____

Have you worked in a noisy environment?

Do you wear a hearing aid? If yes, when did you begin to wear it?

YES _____ NO _____

YES _____ NO _____

Have you had a hearing test in the last 5 years?

Do you have a blood relative with hearing loss?

YES _____ NO _____

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 a 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.				