

# HEARING HEALTH ASSESSMENT FORM

**Instructions:** The purpose of questionnaire is to identify if you have a hearing loss requiring a referral for an objective hearing test and possible hearing solution. Please select **yes**, **sometimes**, or **no** for each question. Do not skip a question if you avoid a situation because of hearing difficulties.

I have a problem hearing over the telephone	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have trouble following the conversation when two or more people are talking at the same time	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have trouble understanding dialog on TV and turn the volume up high	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have to strain to understand conversations	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have to worry about missing a telephone ring or doorbell	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have trouble hearing conversations in a noisy background such as a crowded room or restaurant	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I get confused about where sounds come from	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I misunderstand some words in a sentence and need to ask people to repeat themselves	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I especially have trouble understanding the speech of women and children	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have trouble understanding the speaker in a large room such as at a meeting or place of worship	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Many people I talk to seem to mumble (or don't speak clearly)	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
People get annoyed because I misunderstand what they say	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I misunderstand what others are saying and make inappropriate responses	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I avoid social activities because I cannot hear well and fear I will reply improperly	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Family members and friends have told me they think I may have a hearing loss	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
I have difficulty when someone speaks in a whisper	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Difficulty with my hearing limits or hampers my personal or social life	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No