



Hearing Loss Questionnaire

Name / ID: _____

Date: _____

INSTRUCTIONS: The purpose of this questionnaire is to identify the problems your hearing loss may be causing you. Circle **YES**, **SOMETIMES**, or **NO** for each question. **DO NOT SKIP A QUESTION IF YOU AVOID A SITUATION BECAUSE OF A HEARING PROBLEM.**

		(4)	(2)	(0)
S-1	Does your hearing problem cause you to use the phone less often than you would like?	YES	SOMETIMES	NO
E-2	Does your hearing problem cause you to feel embarrassed when meeting new people?	YES	SOMETIMES	NO
S-3	Does your hearing problem cause you to avoid groups of people?	YES	SOMETIMES	NO
E-4	Does a hearing problem make you irritable?	YES	SOMETIMES	NO
E-5	Does your hearing problem cause you to feel frustrated when talking to members of your family?	YES	SOMETIMES	NO
S-6	Does a hearing problem cause you difficulty when attending a party?	YES	SOMETIMES	NO
S-7	Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?	YES	SOMETIMES	NO
E-8	Do you feel "handicapped" by a hearing problem?	YES	SOMETIMES	NO
S-9	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	YES	SOMETIMES	NO
E-10	Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, or customers?	YES	SOMETIMES	NO
S-11	Does a hearing problem cause you difficulty in the movies or while watching live theater?	YES	SOMETIMES	NO
E-12	Does a hearing problem cause you to be nervous?	YES	SOMETIMES	NO
S-13	Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?	YES	SOMETIMES	NO
E-14	Does a hearing problem cause you to have arguments with family members?	YES	SOMETIMES	NO

		(4)	(2)	(0)
S-15	Does a hearing problem cause you difficulty when listening to the TV or radio?	YES	SOMETIMES	NO
S-16	Does a hearing problem cause you to go shopping less often than you would like?	YES	SOMETIMES	NO
E-17	Does any problem or difficulty with your hearing upset you at all?	YES	SOMETIMES	NO
E-18	Does a hearing problem cause you to want to be by yourself?	YES	SOMETIMES	NO
S-19	Does a hearing problem cause you to talk to family members less often than you would like?	YES	SOMETIMES	NO
E-20	Do you feel that any difficulty with your hearing limits or hampers our personal or social life?	YES	SOMETIMES	NO
S-21	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	YES	SOMETIMES	NO
E-22	Does a hearing problem cause you to feel depressed?	YES	SOMETIMES	NO
S-23	Does a hearing problem cause you to listen to TV or radio less often than you would like?	YES	SOMETIMES	NO
E-24	Does a hearing problem cause you to feel uncomfortable when talking to friends?	YES	SOMETIMES	NO
E-25	Does a hearing problem cause you to feel left out when you are with a group of people?	YES	SOMETIMES	NO

Score E	/52
Score S	/48
Score T	/100