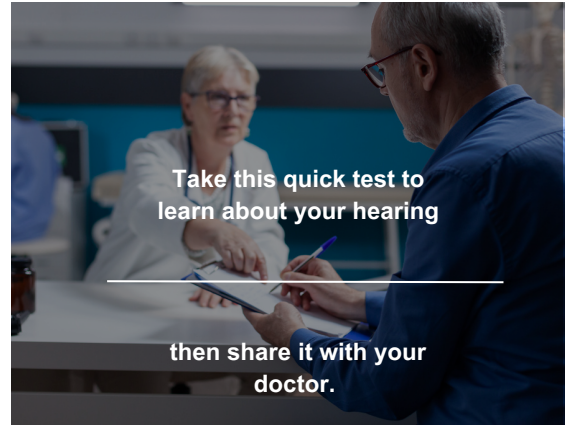


PATIENT NAME:

DATE:

INSTRUCTIONS:

The purpose of this scale is to provide a basic screening vehicle to determine if you have hearing problems and how they may be affecting you. Please check "YES", "SOMETIMES", or "NO" for each question. **DO NOT** skip a question if you avoid a situation because of a hearing problem. If you use a hearing aid, please answer the way you hear **WITH** the hearing aid.



QUESTIONS:

Does a hearing problem cause you to feel embarrassed when meeting new people?

Does a hearing problem cause you to feel frustrated when talking to members of your family?

Do you have difficulty hearing when someone speaks in a whisper?

Do you feel handicapped by a hearing problem?

Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

Does a hearing problem cause you to attend religious services less often that you would like?

Does a hearing problem cause you difficulty when listening to TV or radio?

Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

Does hearing problem cause you difficulty in a restaurant with relatives or friends?

Need for an Expert Audiologic Evaluation
26 - 40 = Immediate
8 - 25 = Important
0 - 6 = Not Immediate

RATING SCALE:

Yes (4) Sometimes (2) No (0)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total