**Hearing Screening Questionnaire**

Instructions: Please check “yes,” “no,” or “sometimes” in response to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem. Not for people who already wear hearing aids E = Emotional S = Social

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes (4 points) | Sometimes ((2points) | No (0 points) |
| E | Does your hearing cause you to feel embarrassed when meeting people? |  |  |  |
| E | Does your hearing cause you to feel frustrated when speaking to friends and family? Either face to face or on the phone |  |  |  |
| S | Do you have any difficulties hearing when people talk softly? |  |  |  |
| E | Do you feel disadvantaged by your hearing problem? |  |  |  |
| S | Does your hearing cause any difficulties when visiting friends, family, neighbours or in the shops? |  |  |  |
| S | Does your hearing stop you going to church or enjoying the services? |  |  |  |
| E | Does your hearing cause some arguments or concerns from other family members? |  |  |  |
| S | Does your hearing cause difficulties for you watching or enjoying the TV, radio or music? |  |  |  |
| E | Do you think your hearing limits your social and personal life? |  |  |  |
| S | Do you have any difficulties hearing people speak to you in a busy restaurant, cafe or pub? |  |  |  |

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| **TOTAL SCORE =** \_\_\_\_\_\_\_ (sum of the points assigned to each of the items)  |

**Interpretation of score:**

0-8 suggests no hearing handicap

10-24 suggests mild-moderate hearing handicap

26-40 suggests significant hearing handicap