

Hearing Loss Screening

PATIENT NAME: _____

Instructions: Select *No*, *Sometimes*, or *Yes* in response to each question. If you do not engage in a particular activity, respond according to the way you feel you would respond in that situation.

	No	Sometimes	Yes
1. Does a hearing problem cause you to feel embarrassed when you meet new people?	0	2	4
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	0	2	4
3. Do you have difficulty hearing or understand co-workers, clients, or customers?	0	2	4
4. Do you feel handicapped by a hearing problem?	0	2	4
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbours?	0	2	4
6. Does a hearing problem cause you difficulty in the movies or in the theatre?	0	2	4
7. Does a hearing problem cause you to have arguments with family members?	0	2	4
8. Does a hearing problem cause you difficulty when listening to TV or radio?	0	2	4
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	0	2	4
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	0	2	4
Sum Totals:			
			Total Score: <input type="text"/>

Total score of 0-9 indicates normal hearing, no further testing required.

Total score of 10-40 indicates hearing loss, please refer to Dilworth Hearing for a full diagnostic hearing assessment.