

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hearing Health Questionnaire**

**The onset of hearing loss is usually very gradual. It may take place over 25-30 years, or it may happen more rapidly if you are exposed to loud noises at work or through hobbies. Because it usually occurs slowly, you may not even be aware that you have a problem until someone brings it to your attention. Here is a simple test you can take to determine if you have a hearing loss.**

1. Does a hearing problem cause you to feel embarrassed when you meet new people? ❑ Yes ❑ No

2. Does a hearing problem cause you to feel frustrated when talking to members of your family?❑ Yes ❑ No

3. Do you have difficulties hearing or understanding co-workers, clients, or customers? ❑ Yes ❑ No

4. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors? ❑ Yes ❑ No

5. Does a hearing problem cause you to have arguments with family members? ❑ Yes ❑ No

6. Do you have difficulty understanding women or young children? ❑ Yes ❑ No

7. Does a hearing problem cause you difficulty with understanding television and/or radio? ❑ Yes ❑ No

8. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? ❑ Yes ❑ No

9. Do you avoid family gatherings or social situations because you “can’t understand”? ❑ Yes ❑ No

10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? ❑ Yes ❑ No

**If you have answered yes to three or more of these questions, you should have your hearing evaluated by an audiologist or hearing aid dispenser and take steps now to educate yourself about lifestyle changes you can make to slow the progression of hearing loss.**

Office use only. Reviewed by nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_