

Date

## HEARING INVENTORY SCREENING QUESTIONNAIRE FOR ADULTS

Name:

First

Last

Please answer "No," "Sometimes," or "Yes" for each question. Do not skip a question if you avoid a situation because of a hearing problem.

QUESTIONS	NO	SOMETIMES	YES
1. Does a hearing problem cause you to feel embarrassed when you meet new people?			
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?			
3. Do you have difficulty hearing/understanding co-workers, clients/ customers or waitstaff?			
4. Do you feel significantly disadvantaged by a hearing problem?			
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?			
6. Does a hearing problem cause you difficulties hearing in the movies or in the theatre?			
7. Does a hearing problem cause you to have arguments with family members?			
8. Does a hearing problem cause you difficulty when listening to TV or radio?			
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			