

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **HEARING INVENTORY**

### **Screening Questionnaire\***

Instructions: Please answer 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 according to the way you hear with the aid.

	Yes	Sometimes	No
Does a hearing problem cause you to feel embarrassed when you meet new people?	4	2	0
Does a hearing problem cause you to feel frustrated when talking to members of your family?	4	2	0
Do you have difficulty hearing when someone speaks in a whisper?	4	2	0
Do you feel handicapped by a hearing problem?	4	2	0
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	4	2	0
Does a hearing problem cause you to attend religious services less often than you would like?	4	2	0
Does a hearing problem cause you to have arguments with family members?	4	2	0
Does a hearing problem cause you difficulty when listening to TV or radio?	4	2	0
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	4	2	0
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	4	2	0
<b>TOTAL</b>			

Interpretation of Total Score:

- 0- 8 = no handicap
- 10-24 = mild to moderate handicap
- 26-40 = severe handicap

\*Adapted from: Ventry I, Weinstein B. Identification of Elderly People with Hearing Problems. ASHA. 1983; 25:37-42.