

Hearing Evaluation and Auditory Rehabilitation (HEAR-14)

Name

Date

To let us know more about your hearing loss, please answer the following questions about the physical problems, activity limitations, and emotional consequences of your hearing loss. There is no right or wrong answers, and only you can provide us with this information. If a situation is not appropriate to your situation or you are not having a problem in this area, circle the “0” and go on to the next statement. If you are already wearing a hearing aid, please answer these questions thinking about your hearing loss and hearing aid. Thank you.

** 1. Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how “bad” it is by circling the number that corresponds with how you feel using this scale: → → →

	No Problem	Very mild problem	Mild or slight problem	Moderate Problem	5 Most Important Items
1. Speech muffled	0	1	2	3	<input type="checkbox"/>
2. Difficulty distinguishing direction of sounds	0	1	2	3	<input type="checkbox"/>
3. My intelligence or competency is questioned due to my inability to completely hear others speak	0	1	2	3	<input type="checkbox"/>
4. Difficulty hearing a speaker who is further away from me	0	1	2	3	<input type="checkbox"/>
5. Difficulty hearing a telephone ring/alarm clock/door bell	0	1	2	3	<input type="checkbox"/>
6. Difficulty hearing when in a group or noisy situation	0	1	2	3	<input type="checkbox"/>
7. Difficulty communicating to family, friends, or others not familiar with my hearing problem	0	1	2	3	<input type="checkbox"/>
8. Difficulty communicating in a car	0	1	2	3	<input type="checkbox"/>
9. Difficulty hearing on a telephone	0	1	2	3	<input type="checkbox"/>
10. Difficulty hearing a television or radio	0	1	2	3	<input type="checkbox"/>
11. Decrease enjoyment of music/movies/plays/outdoor performances/house of worship	0	1	2	3	<input type="checkbox"/>
12. Hearing loss causes frustration	0	1	2	3	<input type="checkbox"/>
13. Hearing loss causes embarrassment	0	1	2	3	<input type="checkbox"/>
14. Hearing loss causes increased anxiety or nervousness	0	1	2	3	<input type="checkbox"/>

** 2. Please mark the most important items affecting your health (maximum of 5 items) → → ↑