



Hearing Acuity Assessment

Name _____

Date _____

Please answer the following questions by checking the appropriate response:

- | | Yes | Sometimes | No |
|--|-----|-----------|-----|
| 1. Does a hearing problem cause you to have difficulty understanding in group situations? | () | () | () |
| 2. Does a hearing problem cause you to ask people to repeat what they have said?..... | () | () | () |
| 3. Do you have difficulty hearing when someone speaks in a whisper?..... | () | () | () |
| 4. Does a hearing problem cause you to ask people to speak louder or move closer to you?..... | () | () | () |
| 5. Does a hearing problem cause difficulty when listening to TV or radio..... | () | () | () |
| 6. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?..... | () | () | () |
| 7. Does a hearing problem cause you to avoid situations or activities more often than you would like?..... | () | () | () |
| 8. Does a hearing problem cause you to have difficulty on the telephone?..... | () | () | () |
| 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?..... | () | () | () |