



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

Instructions: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check YES, SOMETIMES, or NO for each question.

		YES (4)	SOMETIMES (2)	NO (0)
S-1	Do you use the phone less than you would like because of your hearing?			
E-2	Do you feel embarrassed when meeting new people because of your hearing?			
S-3	Do you avoid groups of people because of your hearing?			
E-4	Do you feel irritated because of your hearing?			
S-5	Do you have difficulty attending parties because of your hearing?			
E-6	Do you feel handicapped by your hearing?			
S-7	Do you have difficulty visiting with friends or family because of your hearing?			
S-8	Do you have difficulty in the movies or theater because of your hearing?			
E-9	Do you have arguments with family members because of your hearing?			
E-10	Do you feel your hearing limits or hampers your personal and social life?			
S-11	Do you have difficulty in restaurants hearing relatives or friends?			
E-12	Do you feel depressed because of your hearing?			
E-13	Do you feel left out when you are in a group of people because of your hearing?			
S-14	Do you have difficulty hearing or understanding people in meetings or at work or church?			
E-15	Do you feel frustrated because of your hearing when communicating at work or church?			
E-16	Do you feel nervous or anxious due to your hearing?			
S-17	Do you have difficulty when listening to the TV or radio because of your hearing?			
E-18	Do you feel upset at all by any problem or difficulty caused by your hearing?			
S-19	Does your hearing cause you to want to be by yourself?			
S-20	Do you visit people less often than you would like to because of your hearing?			

Scoring: Yes = 5 Sometimes = 2 No = 0  
 Total # of points: \_\_\_\_\_/100