



Hearing Loss Questionnaire (Ventry I and Weinstein B. (1982))

QUESTION	YES	NO	SOMETIMES
Does a hearing problem cause you to feel embarrassed when meeting new people?	___	___	___
Does a hearing problem cause you to feel frustrated when talking to members of your family?	___	___	___
Do you have difficulty hearing when someone speaks in a whisper?	___	___	___
Do you feel handicapped by a hearing problem?	___	___	___
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	___	___	___
Does a hearing problem cause you to attend religious Services less often than you would like?	___	___	___
Does a hearing problem cause you to have arguments with family members?	___	___	___
Does a hearing problem cause you difficulty when listening to TV or radio?	___	___	___
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	___	___	___
Does a hearing problem cause you difficulty when in a restaurant with relatives and friends?	___	___	___

Subtotal ___ ___ ___
 YES NO SOMETIMES

Count four points for each "YES",
 two points for each "SOMETIMES,"
 and zero points for each "NO" answer:

of Yes ___ x 4 = ___
 # of No ___ x 0 = ___
 # of Sometimes ___ x 2 = ___

0-10 = no hearing loss
 12-24 = mild to moderate hearing loss
 26-40 = significant hearing loss

Grand Total = _____

Please provide the top three listening situations where you would like to hear better:

1. _____
2. _____
3. _____

Would it be beneficial to you to hear better? _____