

# Hearing Health Quick Test

1. Do you find it difficult to follow a conversation in a noisy restaurant or crowded room?  
 Yes  No  Sometimes
2. Do you sometimes feel that people are mumbling or not speaking clearly?  
 Yes  No  Sometimes
3. Do you experience difficulty following dialog in the theater?  
 Yes  No  Sometimes
4. Do you sometimes find it difficult to understand a speaker at a public meeting or a religious service?  
 Yes  No  Sometimes
5. Do you find yourself asking people to speak up or repeat themselves?  
 Yes  No  Sometimes
6. Do you find men's voices easier to understand than women's?  
 Yes  No  Sometimes
7. Do you experience difficulty understanding soft or whispered speech?  
 Yes  No  Sometimes
8. Do you have difficulty understanding speech on the telephone?  
 Yes  No  Sometimes
9. Does a hearing problem cause you to feel embarrassed when meeting new people?  
 Yes  No  Sometimes
10. Do you feel handicapped by a hearing problem?  
 Yes  No  Sometimes
11. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?  
 Yes  No  Sometimes
12. Do you experience ringing or noises in your ears?  
 Yes  No  Sometimes
13. Do you hear better with one ear than the other?  
 Yes  No  Sometimes
14. Have you had any significant noise exposure during work, recreation, or military service?  
 Yes  No
15. Have any of your relatives (by birth) had a hearing loss?  
 Yes  No

## Scoring

2 points for Yes

1 point for Sometimes

0 points for No

**Scores of 3 or more:** May mean that you have a hearing problem.

**Scores of 6 or more:** Strongly suggest that a hearing check is warranted.