

### Hearing Health Quick Test

1. Do you find it difficult to follow a conversation in a noisy restaurant or crowded room?

Yes No Sometimes

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2. Do you sometimes feel that people are mumbling or not speaking clearly?

Yes No Sometimes

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3. Do you experience difficulty following dialog in the theater?

Yes No Sometimes

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4. Do you sometimes find it difficult to understand a speaker at a public meeting or a religious service?

Yes No Sometimes

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5. Do you find yourself asking people to speak up or repeat themselves?

Yes No Sometimes

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6. Do you find men's voices easier to understand than women's?

Yes No Sometimes

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7. Do you experience difficulty understanding soft or whispered speech?

Yes No Sometimes

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8. Do you have difficulty understanding speech on the telephone?

Yes No Sometimes

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9. Does a hearing problem cause you to feel embarrassed when meeting new people?

Yes No Sometimes

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10. Do you feel handicapped by a hearing problem?

Yes No Sometimes

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11. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?

Yes No Sometimes

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12. Do you experience ringing or noises in your ears?

Yes No Sometimes

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13. Do you hear better with one ear than the other?

Yes No Sometimes

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14. Have you had any significant noise exposure during work, recreation, or military service?

Yes No

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15. Have any of your relatives (by birth) had a hearing loss?

Yes No

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### 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.