

# Hearing Screening

## A functional questionnaire of hearing ability

*Adapted from the National Institute on Deafness and other Communication Disorders (NIDCD),  
One of the National Institutes of Health*

	Yes	No
1. Do you have a problem hearing over the phone?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have trouble following the conversation when two or more people are talking at the same time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do others complain that you turn the TV volume up too high?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have to strain to understand conversation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have trouble hearing in a noisy background?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you find yourself asking people to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do others seem to mumble or not speak clearly?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you misunderstand what others are saying and respond inappropriately?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have trouble understanding the speech of women and children?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do others get annoyed because you misunderstand what they say?	<input type="checkbox"/>	<input type="checkbox"/>

**If the patient answered "Yes" to three or more of these questions, please call us for a Complimentary Hearing Evaluation.**



**Audiology & Hearing**

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