

Introduction

The following hearing loss check is based on the Revised American Academy of Otolaryngology – Head & Neck Surgery (AAO-HNS) five-minute hearing test*. It is a means of quickly assessing if you possibly have a hearing loss requiring referral for an objective hearing test and possible hearing solution. This screener is related to objective measures of hearing loss using audiological equipment. In step #1 you are asked to respond to 15 items related to your hearing. In step #2 you will score your hearing and in step #3 (next page) you will be able to compare yourself to 2,304 adults with hearing loss.

INSTRUCTIONS – STEP #1

With respect to your hearing, please think about your experiences with each of the following WITHOUT the use of hearing aids or other devices designed to help you hear better. For each item, indicate the degree to which you agree or disagree (circle one number for each item).

	Strongly Disagree				Strongly Agree
I have a problem hearing over the telephone	0	1	2	3	4
I have trouble following the conversation when two or more people are talking at the same time	0	1	2	3	4
I have trouble understanding things on TV	0	1	2	3	4
I have to strain to understand conversations	0	1	2	3	4
I have to worry about missing a telephone ring or doorbell	0	1	2	3	4
I have trouble hearing conversations in a noisy background such as a crowded room or restaurant	0	1	2	3	4
I get confused about where sounds come from	0	1	2	3	4
I misunderstand some words in a sentence and need to ask people to repeat themselves	0	1	2	3	4
I especially have trouble understanding the speech of women and children	0	1	2	3	4
I have trouble understanding the speaker in a large room such as at a meeting or place of worship	0	1	2	3	4
Many people I talk to seem to mumble (or don't speak clearly)	0	1	2	3	4
People get annoyed because I misunderstand what they say	0	1	2	3	4
I misunderstand what others are saying and make inappropriate responses	0	1	2	3	4
I avoid social activities because I cannot hear well and fear I will reply improperly	0	1	2	3	4
Family members and friends have told me they think I may have a hearing loss	0	1	2	3	4

STEP #2 Add up scores in each column scored 1-4---> ___ + ___ + ___ + ___
 = _____

STEP #3

How Does Your Hearing Loss Score Compare to Adults with Hearing loss?

In adding up your responses to the 15 items you are now able to compare your scores to adults who have a hearing loss. The National Council on the Aging (NCOA) collected this information based on the responses from a representative sample of 2,304 people with hearing loss, ages 50 and above, using the National Family Opinion Panel in 1999.

First, locate your total score in column 1; Column 2 tells you how your hearing loss compares to adults with hearing loss; Column 3 tells how your significant other views the hearing loss; Column 4 tells you what hearing solution action is needed.

1 – What is your hearing loss score?	2 – How does your hearing loss compare to others?	3 – How does your significant other describe your hearing loss?	4- Hearing Solution Action Needed
0-4	Lower 5%	Very Mild	None
5-9	Lower 10%	“ “	“ “
10-13	Lower 15%	Majority mild with some moderate	Hearing test may be necessary to monitor your hearing.
14-17	Lower 20%	“ “	“ “
18-19	Lower 25%	“ “	“ “
20-21	Lower 30%	Majority moderate with about a third mild	Hearing test recommended; hearing solution based on lifestyle
22-23	Lower 35%	“ “	“ “
24-25	Lower 40%	“ “	Hearing test recommended; hearing solution probably needed in many situations.
26-27	Lower 45%	Majority moderate with some mild	“ “
28-29	Middle 50%	“ “	“ “
30-31	Upper 45%	“ “	“ “

32-33	Upper 40%	Majority moderate to severe		Extensive communication difficulty requiring testing and hearing solution
34-35	Upper 35%	“	“	“
36-37	Upper 30%	“	“	“
38-39	Upper 25%	“	“	“
40-42	Upper 20%	“	“	“
43-45	Upper 15%	Majority severe to profound		“
46-50	Upper 10%	“	“	“
51-55	Upper 5%	“	“	“
56-60	Upper 1%	“	“	“