

HEARING INVENTORY SCREENING QUESTIONNAIRE FOR CHILDREN

Please answer "No," "Sometimes" or "Yes" for each question. Do not skip a question if your child avoids a situation because of a hearing problem.

Child's name: _____ Date: _____ Parent(s)/Guardian(s): _____

| QUESTIONS | NO | SOMETIMES | YES |
|---|---------------------|-----------|-----|
| 1. Does a hearing problem cause your child to feel embarrassed when they meet new people? | 0 | 2 | 4 |
| 2. Does a hearing problem cause your child to feel frustrated when talking to members of your family? | 0 | 2 | 4 |
| 3. Does your child have difficulty hearing/understanding co-workers, clients/customers or waitstaff? | 0 | 2 | 4 |
| 4. Does your child feel significantly disadvantaged by a hearing problem? | 0 | 2 | 4 |
| 5. Does a hearing problem cause your child difficulty when visiting friends, relatives, or neighbors? | 0 | 2 | 4 |
| 6. Does a hearing problem cause your child difficulty hearing in the movies or in the theatre? | 0 | 2 | 4 |
| 7. Does a hearing problem cause your child to have arguments with family members? | 0 | 2 | 4 |
| 8. Does a hearing problem cause your child difficulty when listening to TV or radio? | 0 | 2 | 4 |
| 9. Does your child feel that any difficulty with their hearing limits or hampers their personal or social life? | 0 | 2 | 4 |
| 10. Does a hearing problem cause your child difficulty when in a restaurant with relatives or friends? | 0 | 2 | 4 |
| TOTALS: | | | |
| | GRAND TOTAL: | | |

Newman, C. W., Weinstein, B. E., Jacobson, G. P., & Hug, G. A. (1990). *The Hearing Handicap Inventory for Adults: psychometric adequacy and audiometric correlates*. *Ear and Hearing*, 11, 430-433.