

# 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
<b>TOTALS:</b>			
	<b>GRAND TOTAL:</b>		

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.