



# Suncoast Audiology, LLC

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**INSTRUCTIONS:** Please check “yes”, “no”, or “sometimes” in response to each of the following questions. Do not skip a question if you avoid a situation because of a hearing issue. If you use a hearing aid, please answer the way you hear **without** the aid.

ITEM	YES (4 pts)	SOMETIMES (2 pts)	NO (0 pts)
Does a hearing issue cause you to feel embarrassed when you meet new people?			
Does a hearing issue cause you to feel frustrated when talking to members of your family?			
Do you have difficulty hearing when someone speaks in a whisper?			
Do you feel handicapped by a hearing issue?			
Does a hearing issue cause you difficulty when visiting friends, relatives, or neighbors?			
Does a hearing issue cause you to attend social gatherings less often than you would like?			
Does a hearing issue cause you to have arguments with family members?			
Does a hearing issue cause you difficulty when listening to the TV or radio?			
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
Does a hearing issue cause you difficulty when in a restaurant with relatives or friends?			
<b>TOTAL SCORE=</b>			