



Patient Name: _____
 Patient ID # _____

Date: _____

Brief Hearing Loss Screener

<u>Clinical Scale to Detect Hearing Loss</u>	<u>Points</u>
1) Age: _____ If age >70 years = 1 point	_____
2) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female If male = 1 point	_____
3) Highest grade attended <input type="checkbox"/> 12th grade or less <input type="checkbox"/> greater than 12th grade If ≤ 12th grade = 1 point	_____
4) Have you ever had deafness or trouble hearing with one or both ears? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", continue to Question #5. If "No", go to Question #6.	0 (No points assigned based on this question)
5) Did you ever see a doctor about it? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" = 2 points	_____
6) Without a hearing aid, can you usually hear and understand what a person says without seeing his/her face if that person whispers to you from across the room? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" = 1 point	_____
7) Without a hearing aid, can you usually hear and understand what a person says without seeing his/her face if that person talks in a normal voice to you from across the room? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" = 2 points	_____
TOTAL _____	

Three (3) or more points is a positive score indicating a need for further evaluation.