



Second Chance Hearing Center, Inc.
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The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select YES, SOMETIMES, or NO for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear with the hearing aid.

1. S-1. Does a hearing problem cause you to use the phone less often than you would like? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

2. E-2. Does a hearing problem cause you to feel embarrassed when meeting new people? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

3. S-3. Does a hearing problem cause you to avoid groups of people? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

4. E-4. Does a hearing problem make you irritable? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

5. E-5. Does a hearing problem cause you to feel frustrated when talking to members of your family? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

6. S-6. Does a hearing problem cause you difficulty when attending a party? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

7. S-7. Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

8. E-8. Do you feel handicapped by a hearing problem? (required)

- ☐ Yes
- ☐ Sometimes

☐ No

9. S-9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? (required)

- ☐ Yes
☐ Sometimes
☐ No

10. E-10. Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, customers? (required)

- ☐ Yes
☐ Sometimes
☐ No

11. S-11. Does a hearing problem cause you difficulty in the movies or theater? (required)

- ☐ Yes
☐ Sometimes
☐ No

12. E-12. Does a hearing problem cause you to be nervous? (required)

- ☐ Yes
☐ Sometimes
☐ No

13. S-13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like? (required)

- ☐ Yes
☐ Sometimes
☐ No

14. E-14. Does a hearing problem cause you to have arguments with family members? (required)

- ☐ Yes
☐ Sometimes
☐ No

15. S-15. Does a hearing problem cause you difficulty when listening to TV or radio? (required)

- ☐ Yes
☐ Sometimes
☐ No

16. S-16. Does a hearing problem cause you to go shopping less often than you would like? (required)

- ☐ Yes
☐ Sometimes
☐ No

17. E-17. Does any problem or difficulty with your hearing upset you at all? (required)

- ☐ Yes
☐ Sometimes
☐ No

18. E-18. Does a hearing problem cause you to want to be by yourself? (required)

- ☐ Yes
☐ Sometimes
☐ No

19. S-19. Does a hearing problem cause you to talk to family members less often than you would like? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

20. E-20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

21. S-21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

22. E-22. Does a hearing problem cause you to feel depressed? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

23. S-23. Does a hearing problem cause you to listen to TV or radio less often than you would like? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

24. E-24. Does a hearing problem cause you to feel uncomfortable when talking to friends? (required)

- ☐ Yes
- ☐ Sometimes
- ☐ No

25. E-25. Does a hearing problem cause you to feel left out when you are with a group of people? (required)

- ☐ Yes
 - ☐ Sometimes
 - ☐ No
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