

(HEAR-14) COPYRIGHT NOTICE

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HEARING EVALUATION and AUDITORY REHABILITATION (HEAR-14)

To let us know more about your hearing loss, please answer the following questions about the physical problems, activity limitations, and emotional consequences of your hearing loss. There are no "right" or "wrong" answers, and only you can provide this information. Because we want to know how you feel about your problems, whenever a statement represents an area or activity of your life where you have a problem, please indicate HOW MUCH OF A PROBLEM it is to you. If a statement is not appropriate to your situation or if you are not having a problem in this area, circle the "0" and go on to the next statement. If you are now wearing a hearing aid, please answer these questions thinking about your hearing loss and hearing aid.

	No Problem	Mild or Slight Problem	Moderate Problem	Severe Problem	5 Most Important Items
1. Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel using this scale: →					
1. Speech muffled	0	1	2	3	○
2. Difficulty distinguishing direction of sounds	0	1	2	3	○
3. My intelligence or competency questioned due to my inability to completely hear others speak	0	1	2	3	○
4. Difficulty hearing speaker who is further away from me	0	1	2	3	○
5. Difficulty hearing telephone ring/alarm clock/door bell	0	1	2	3	○
6. Difficulty hearing when in a group or noisy situation	0	1	2	3	○
7. Difficulty communicating to family, friends, or others not familiar with my hearing problem	0	1	2	3	○
8. Difficulty communicating in car	0	1	2	3	○
9. Difficulty hearing on telephone	0	1	2	3	○
10. Difficulty hearing television or radio	0	1	2	3	○
11. Decreased enjoyment of music/movies/plays/ outdoor performances/house of worship	0	1	2	3	○
12. Hearing loss causes frustration	0	1	2	3	○
13. Hearing loss causes embarrassment	0	1	2	3	○
14. Hearing loss causes increased anxiety or nervousness	0	1	2	3	○

2. Please mark the most important items affecting your health (maximum of 5 items)_____↑

Instructions for scoring HEAR-14:

For each item, the patient indicates the magnitude of the problem (*No Problem, Mild or Slight Problem, Moderate Problem, or Severe Problem*). The patient is then asked to indicate the five most important items. HEAR-14 scores are calculated as the average of the fourteen item problem scores. The difference between HEAR-14 pre and post-fitting scores represents HEAR-14 change scores (i.e., hearing aid benefit). Particular attention should be given to the change scores for the items designated as important.

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