



# Hearing Self Test

Please take a moment to complete this brief hearing questionnaire:

Do you or your child have any close relatives who have significant hearing loss?		Yes		No
Do you or your child have ringing or buzzing noises in your ears?		Yes		No
Do you now or have you ever worked in a noisy place? (i.e., worked with jackhammers, heavy equipment or in factories)		Yes		No
Do you or your child seem to be able to hear better in one ear than the other?		Yes		No
Do you or your child have trouble hearing what people say in a busy place like a restaurant?		Yes		No
Do people tell you or your child the TV/music is too loud?		Yes		No
Do you or your child have trouble hearing where a sound is coming from?		Yes		No
Do you or your child ask people to repeat themselves frequently?		Yes		No
Do you feel your or your child's hearing stops you from attending family/social events?		Yes		No
Do you or your child frequently misunderstand what people say?		Yes		No

If you answered YES to TWO (2) or MORE questions, you or your child should consider a hearing test. Please contact the centre nearest you.

1-888-780-3330

[www.nshsc.nshealth.ca](http://www.nshsc.nshealth.ca)