Patient Name: ___________________________  Date: ___________

Patient ID #: __________________________

## Brief Hearing Loss Screener

**Clinical Scale to Detect Hearing Loss**

<table>
<thead>
<tr>
<th>Points</th>
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| 1) Age: __________
  If age >70 years = 1 point | __________ |
| 2) Sex: □ Male  □ Female
  If male = 1 point | __________ |
| 3) Highest grade attended
  □ 12th grade or less
  □ greater than 12th grade
  If ≤ 12th grade = 1 point | __________ |
| 4) Have you ever had deafness or trouble hearing with one or both ears?
  □ Yes  □ No
  If “Yes”, continue to Question #5. If “No”, go to Question #6 | __________ |
| 5) Did you ever see a doctor about it?
  □ Yes  □ 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?
  □ Yes  □ 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?
  □ Yes  □ No
  If “No” = 2 points | __________ |

**TOTAL __________**

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

Source: *Try This: Best Practices in Nursing Care to Older Adults*, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, [www.hartfordign.org](http://www.hartfordign.org).
Hearing Screening in Older Adults: A Brief Hearing Loss Screener

By: Kathleen Demers, MS, APRN, BC, GNP, Day Kimball Hospital, Putnam CT

WHY: Hearing impairment is common in older adults; its prevalence increases progressively with age. Studies estimate that at least 30% of individuals aged 65 to 74 years and 40% to 66% of those aged 75 years and older have some degree of hearing loss. Hearing loss related to normal aging is the most common cause, but other risk factors include: advancing age, male gender, lower educational status, exposure to regular, excessive noise, cerumen impaction, ototoxic medications, tumors, and diseases that affect sensorineural hearing. Hearing loss can lead to miscommunication, social withdrawal, confusion, depression, and reduction in functional status. Although it is treatable, hearing loss often goes undetected and untreated.

BEST TOOL: The Brief Hearing Loss Screener is a simple self-report screening instrument consisting of 7 questions. It is not designed to replace other validated screening methods, such as the audioscope, but can be used as a tool when audiologic screening is impractical. The Brief Hearing Loss Screener is unique in that it considers the risks associated with advancing age, gender and educational level of the individual. Scores can range from 0 to 8. A score of 3 or more points is a positive score indicating a need for further evaluation.

TARGET POPULATION: The Brief Hearing Loss Screener can be used with non-institutionalized older adults in a variety of clinical and community settings. It can be administered using a face-to-face interview. However, time constraints or a severe-to-profound hearing loss may preclude a face-to-face interview, in which case the tool can be administered by having the individual do a paper-and-pencil self-report.

VALIDITY AND RELIABILITY: The Brief Hearing Loss Screener was developed in 1998 using data from a probability sample of non-institutionalized older people who participated in the National Health and Nutrition Examination Survey during the mid 1970’s. Data was used retrospectively to develop a logistic model. Hearing loss was defined using Ventry and Weinstein (VW) criteria and the High Frequency Pure-Tone Average (HFPTA) scale. The instrument had 80% sensitivity and 80% specificity in predicting hearing loss using the VW criteria and 59% sensitivity and 88% specificity in predicting hearing loss using HFPTA criteria. No reliability data was reported.

STRENGTHS AND LIMITATIONS: Although the Brief Hearing Loss Screener cannot measure the amount of hearing sensitivity loss as detected by audiometric testing, it is a simple, inexpensive and quick tool that can identify individuals who need further hearing evaluation. It is also differs from other currently used hearing loss screening instruments in that it includes sociodemographic information as well as specific hearing loss questions. Self-reporting requires that the individual is cognitively intact and can respond verbally or in a written form to the questions.

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