

# MY HEARING PREM

## Instructions:

The next questions are about what it is like to live with hearing loss and how it affects your life. Please tick the circles  which are most accurate when thinking about your experiences **over the last 7 days**.

Questions	Rating Scale				
	Never	Rarely	Some-times	Most of the time	Always
<b>EMOTIONAL BURDEN</b>					
1. I am frustrated by my hearing problems	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2. I avoid activities I used to enjoy because of my hearing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3. I worry what people think of me because I can't hear everything	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>COMMUNICATION</b>					
4. Trying to hear can be exhausting	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5. I have thought about getting devices to help me hear alarms, the phone or TV	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6. It is difficult to communicate with organisations, GP surgeries etc because of my hearing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<b>SUPPORT</b>					
7. Medical/healthcare professionals support me with my hearing	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. I understand what hearing testing involves	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. I am confident that professionals will listen to my point of view about my hearing	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Did you complete this questionnaire on your own?

Yes

No

Date of completion:

If not, please state your relation with the person who

helped complete it: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

# My Hearing PREM-9 Scoring Manual

There are 9 items on the My Hearing PREM and each item can score between 1 and 5 points. The lowest score available is 9 points, and the maximum score available is 45 points.

Each question includes a scale of 5 response options:  
Never, Rarely, Sometimes, Most of the time, or Always.

The total score is the sum of the 16 items.

## Score interpretation:

9-19 = normal range (little or no need for intervention)

20-34 = moderate (possible need for intervention)

35-45 = significant (requires intervention)

The 3 subscales address 3 important domains experienced by those living with hearing loss. The subscale score is the sum of the 3 included items in that section:

Domain	Item number
Emotional Burden	1-3
Communication	4-6
Support	7-9