

MODIFIED Khalfa Hyperacusis Questionnaire (Khalifa et al, 2002)

Patient Name _____ Date _____

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|----|---|-----|-----------|----|
| 1. | Do you have trouble concentrating in a noisy or loud environment? | Yes | Sometimes | No |
| 2. | Do you have trouble reading in a noisy or loud environment? | Yes | Sometimes | No |
| 3. | Do you ever use earplugs or earmuffs to reduce your noise perception? (Do not consider the use of hearing protection during abnormally high exposure situations.) | Yes | Sometimes | No |
| 4. | Do you find it harder to ignore sounds around you in everyday situations? | Yes | Sometimes | No |
| 5. | Do you find it difficult to listen to speaker announcements (such as airport, airplanes, trains, etc.)? | Yes | Sometimes | No |
| 6. | Are you particularly sensitive to or bothered by street noise? | Yes | Sometimes | No |
| 7. | Do you “automatically” cover your ears in the presence of somewhat louder sounds? | Yes | Sometimes | No |

F Subscale Total _____

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| 8. | When someone suggests doing something (going out, to the cinema, to a concert, etc.), do you immediately think about the noise you are going to have to put up with? | Yes | Sometimes | No |
| 9. | Do you ever turn down an invitation or not go out because of the noise you would have to face? | Yes | Sometimes | No |
| 10. | Do you find the noise unpleasant in certain social situations (e.g., nightclubs, pubs or bars, concerts, firework displays, cocktail receptions)? | Yes | Sometimes | No |
| 11. | Has anyone you know ever told you that you tolerate noise or certain kinds of sounds badly? | Yes | Sometimes | No |
| 12. | Are you particularly bothered by sounds others are not? | Yes | Sometimes | No |
| 13. | Are you afraid of sounds that others are not? | Yes | Sometimes | No |

S Subscale Total _____

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| 14. | Do noise and certain sounds cause you stress and irritation? | Yes | Sometimes | No |
| 15. | Are you less able to concentrate in noise toward the end of the day? | Yes | Sometimes | No |
| 16. | Do stress and tiredness reduce your ability to concentrate in noise? | Yes | Sometimes | No |
| 17. | Do you find sounds annoy you and not others? | Yes | Sometimes | No |
| 18. | Are you emotionally drained by having to put up with all daily sounds? | Yes | Sometimes | No |
| 19. | Do you find daily sounds having an emotional impact on you? | Yes | Sometimes | No |
| 20. | Are you irritated by sounds others are not? | Yes | Sometimes | No |

E Subscale Total _____

Subscale Total _____