Name/ID:	Date:	

Pediatric Hyperacusis Questionnaire (P-HQ)

<u>Directions</u>: In the following questionnaire, mark the box corresponding to the answer that best applies to your child.

	Yes	Sometimes	NO
1. Does your child have trouble concentrating in a noisy or loud environment?			
2. Does your child have difficultly reading in a noisy or loud environment?			
3. Does your child ever use earplugs or earmuffs to reduce his/her noise perception? (Do not consider the use of hearing protection during abnormally high exposure situations.)			
4. Does your child find it harder to ignore sounds around him/her in everyday situations?			
5. Is your child particularly sensitive to or bothered by street noise?			
6. Does your child ever turn down an invitation to participate in an activity because of the noise he/she would have to face?			
7. Does your child find the noise unpleasant in certain social situations (e.g., birthday parties, concerts/dances, firework displays)?			
8. Has your child ever been told by someone he/she knows that they tolerate noise or certain kinds of sounds badly?			
9. Do noise and certain sounds cause your child stress and irritation?			
10. Is your child less able to concentrate in noise towards the end of the day?			
11. Do stress and tiredness reduce your child's ability to concentrate in noise?			