

HEARING ASSESSMENT | YOUR COMPANION

Your Name: _____ Date: _____

Companion Name: _____

PLEASE READ EACH QUESTION AND ANSWER "YES", "SOMETIMES" OR "NO"

(Answer as you would if your companion was not using hearing instruments)

PLEASE CIRCLE YOUR ANSWER

- | | | | |
|--|-----|-----------|----|
| 1. Does a hearing problem cause your companion to feel embarrassed when meeting new people? | yes | sometimes | no |
| 2. Does a hearing problem cause your companion to feel frustrated when talking to members of your family? | yes | sometimes | no |
| 3. Does your companion have difficulty hearing when someone speaks in a whisper? | yes | sometimes | no |
| 4. Does your companion feel handicapped by a hearing problem? | yes | sometimes | no |
| 5. Does a hearing problem cause your companion difficulty when visiting friends, relatives or neighbors? | yes | sometimes | no |
| 6. Does a hearing problem cause your companion to attend religious service, the movies or theater less often than they would like? | yes | sometimes | no |
| 7. Does a hearing problem cause your companion to have arguments with family members? | yes | sometimes | no |
| 8. Does a hearing problem cause your companion difficulty when listening to the TV or radio? | yes | sometimes | no |
| 9. Do you feel that any difficulty with your companion's hearing limits or hampers their personal or social life? | yes | sometimes | no |
| 10. Does a hearing problem cause your companion difficulty when in a restaurant with relatives or friends? | yes | sometimes | no |