

Patient's Name: _____ Today's

Date: _____

Your Name & Relationship to the Patient:

Hearing assessment by the companion

Circle "YES", if your answer is "sometimes" or "occasionally"

1. Does your friend/family member find it difficult to follow a conversation in a noisy or crowded room?..... YES NO
2. Does your friend/family member feel that people are mumbling or not speaking clearly?.. YES NO
3. Does your friend/family member experience difficulty following dialog in the theater?..... YES NO
4. Does your friend/family member find it difficult to understand a speaker at a public meeting or a religious service?..... YES NO
5. Does your friend/family member find him/her self asking people to speak up or repeat themselves?..... YES NO
6. Does your friend/family member find men's voices easier to understand than voices of women or children?..... YES NO
7. Does your friend/family member experience difficulty understanding soft or whispered speech? YES NO
8. Does your friend/family member have difficulty understanding speech on the phone?..... YES NO
9. Does your friend/family member attend work or social meetings where he/she needs to be able to communicate amidst group conversation?..... YES NO
10. Does your friend/family member spend time in loud environments (sporting events, concerts, live theater) where he/she needs to hear in the presence of background noise?... YES NO
11. Does difficulty with hearing cause your friend/family member to visit friends, relatives or neighbors less often than he/she would like?..... YES NO
12. Does your friend/family member experience ringing or noises in his/her ears?..... YES NO
13. Is your friend/family member actively working or need to communicate with people throughout the day?..... YES NO

Listening environment rating

Please provide the top three listening situations where you would like your friend/family member to hear better:

1. _____

2. _____

3. _____

Scoring: If the companion answered YES to questions 9, 10, 12 and/or 13, then the patient has a Demanding listening lifestyle. If the companion answered YES to questions 1 and/or 4 but NO to questions 9, 10, 12 and 13, then the patient has a Moderate listening lifestyle.

- Demanding: prescribe demanding technology only
- Moderate: prescribe moderate or demanding technology
- Quiet: prescribe quiet, moderate or demanding technology