

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