

Companion Name:

Date:

Hearing Screening Questionnaire-Companion Version

Instructions: Please answer the following questions by checking the appropriate responses.

1. Have you observed a situation where a hearing problem caused your companion to feel embarrassed when meeting new people?
 Yes No Sometimes
2. Does a hearing problem cause your companion to feel frustrated when talking to members of their family?
 Yes No Sometimes
3. Does your companion have difficulty hearing when someone speaks in a whisper?
 Yes No Sometimes
4. Do you feel your companion is handicapped by a hearing problem?
 Yes No Sometimes
5. Does a hearing problem cause your companion difficulty when visiting their friends, relatives, or neighbors?
 Yes No Sometimes
6. Does a hearing problem cause your companion to attend religious services less often than they would like?
 Yes No Sometimes
7. Does a hearing problem cause your companion to have arguments with their family members?
 Yes No Sometimes
8. Does a hearing problem cause your companion difficulty when listening to TV or radio?
 Yes No Sometimes
9. Does any difficulty with your companion's hearing limit or hamper their personal or social life?
 Yes No Sometimes
10. Does a hearing problem cause your companion difficulty when in a restaurant with relatives or friends?
 Yes No Sometimes

Scoring: No = 0; Sometimes = 2; Yes = 4.

Interpretation of Total Score: 0-8 = no handicap; 10-24 = mild to moderate handicap; 26-40 = severe handicap.

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What 3 listening situations listed above are most important to your companion?

1. _____

2. _____

3. _____