Hearing HealthCare Centers

Patient Name _____ Date _____

Your name _____ Relationship _____

Perception of Hearing Questionnaire – 3rd Party

Please answer the following questions by selecting the appropriate response

Have you observed a hearing problem causing him/her to feel embarrassed when they meet new people?	YES	SOMETIMES	NO
Have you observed a hearing problem causing him/her to feel frustrated when talking to members of your family?	YES	SOMETIMES	NO
Have you observed he/she having difficulty hearing when someone speaks in a whisper?	YES	SOMETIMES	NO
Do you believe that he/she feels handicapped by a hearing problem?	YES	SOMETIMES	NO
Have you observed a hearing problem causing him/her difficulty when visiting friends, relatives, or neighbors?	YES	SOMETIMES	NO
Do you believe that he/she attends religious services less often than they would like due to a hearing problem?	YES	SOMETIMES	NO
Do you believe a hearing problem causes him/her to have arguments with family members?	YES	SOMETIMES	NO
Have you observed a hearing problem causing him/her difficulty when listening to TV or radio?	YES	SOMETIMES	NO
Do believe his/her hearing limits or hampers their personal or social life?	YES	SOMETIMES	NO
Have you observed a hearing problem cause him/her difficulty when in a restaurant with relatives or friends?	YES	SOMETIMES	NO

How would you describe the degree of hearing loss of your family member or close friend?

No Loss Mild Loss Moderate Loss Severe Loss Don't Know

Please answer the following questions about your family member or friend. If they currently wear hearing aids, please answer questions based on when they have their hearing aids in.

Please circle the number that best represents the impact their hearing impairment has had on their daily life during the last 12 months:

No Impact				Severe Impact
1	2	3	4	5

Please circle the number that best represents the impact their hearing impairment has had on your relationship with them during the last 12 months:

No Impact				Severe Impact
1	2	3	4	5

What would you say has been the most negative effect of their hearing loss on your relationship with them?

_____

_____

_____

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