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## FAMILY OR FRIEND SURVEY (Pre-Hearing Testing Appointment)

To better understand how you are able to hear, please have someone you are around frequently answer the following questions.

How are you related to the patient?

- Spouse
- Son/daughter
- Parent
- Friend

Does the patient have difficulty hearing while driving?

- Always
- Most of the time
- Sometimes
- Seldom
- Never

Does the patient have difficulty hearing on the telephone?

- Usually
- Sometimes
- Infrequently
- Never

What ear does the patient use for listening on the telephone? \_\_\_\_\_

Does the patient have difficulty understanding conversation when there is background noise?

- Always
- Sometimes
- Infrequently
- Never

When the patient is watching TV, how loud is the volume?

- Normal
- Too low
- Too high

Do you think the patient's hearing is getting worse?

- Yes
- No

How long ago did you first suspect the patient had hearing difficulties? \_\_\_\_\_ Years.

Have you noticed any change in the patient's ability to remember?

- Yes
- No



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Does the patient accuse you of mumbling?

- Yes
- No

Does the patient ever talk louder than normal?

- No
- A Little
- A Lot

Does the patient avoid social gatherings?

- Usually
- Sometimes
- Infrequently
- Never

Do you ever hesitate talking to the patient because they won't hear you anyway?

- Usually
- Sometimes
- Infrequently
- Never

Does the patient's hearing loss ever cause you stress?

- Usually
- Sometimes
- Infrequently
- Never

If yes, how? \_\_\_\_\_

Are you ever embarrassed by the patient's inability to hear?

- Yes
- No

Do you think the patient needs hearing help?

- Yes
- No

Would your life be more enjoyable if the patient wore hearing instruments?

- Yes
- No

Any additional comments or observations about the patient's hearing?

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*Thank you for your participation.*