

Family / Friend Questionnaire

Your Name: _____

Patient's Name: _____

What is your relationship to the patient?

- Spouse Son/daughter (in-law) Parent Friend Caregiver

Please answer the following questions:

Regarding the patient you came with, what level of hearing loss do YOU perceive is present?

- Significant Definitely an issue Becoming a concern Not a factor Not sure

What impact has this person's hearing had on your relationship over the past 12 months?

- Significant:** I only communicate when necessary or for important information.
- Moderate:** I am often frustrated repeating or correcting what is missed or misunderstood.
- Mild:** It is noticeable, especially in difficult listening environments /others are becoming aware of hearing issues.
- Minimal:** Occasionally has an issue with communication.

How long has it been like this? _____

Please indicate YOUR observation of the patient's hearing ability they MAY experience:

They have a problem hearing on the telephone. cell phone landline

- Always Sometimes Seldom N/A

They have trouble understanding in restaurants or parties.

- Always Sometimes Seldom N/A

They have trouble conversing in the car. in the back seat

- Always Sometimes Seldom N/A

They have trouble understanding the TV and turn the volume up.

- Always Sometimes Seldom N/A

They don't socialize as much because of the hearing loss.

- Always Sometimes Seldom N/A

Other Comments: _____
