Desert Hearing Care

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THIRD PARTY QUESTIONNAIRE

Third Party Name: _____ Date: _____

INSTRUCTIONS: The purpose of this questionnaire is to identify the problems the hearing loss may be causing someone else. Answer YES, SOMETIMES, or NO for each question.

1. Does a hearing problem cause your loved one to feel embarrassed when meeting new people?	Yes	Sometimes	No
2. Does a hearing problem cause your loved one to feel frustrated when talking to members of your family?	Yes	Sometimes	No
3. Does your loved one have difficulty hearing when someone speaks in a whisper?	Yes	Sometimes	No
4. Does your loved one feel handicapped by a hearing problem?	Yes	Sometimes	No
5. Does a hearing problem cause your loved one difficulty when visiting friends, relatives or neighbors?	Yes	Sometimes	No
6. Does a hearing problem cause your loved one to attend religious services less often than he or she would like?	Yes	Sometimes	No
7. Does a hearing problem cause your loved one to have arguments with family members?	Yes	Sometimes	No
8. Does a hearing problem cause your loved one difficulty when listening to TV or radio?	Yes	Sometimes	No
9. Do you feel that any difficulty with hearing limits or hampers your loved one's personal or social life?	Yes	Sometimes	No
10. Does a hearing problem cause your loved one difficulty when in a restaurant with relatives or friends?	Yes	Sometimes	No