

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. \_\_\_\_\_