



FAMILY OR FRIEND QUESTIONNAIRE

Who are you? Spouse Son/daughter Parent Friend

Listed below are several statements that describe hearing difficulties your friend or family member may encounter. Please indicate how often you think each situation is true for them.

They have a problem hearing over the telephone	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
They have trouble understanding in restaurants or parties	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
They ask people to repeat themselves	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
They complain others are mumbling or not speaking clearly	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
They have trouble conversing in the car	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom

Listed below are several statements that describe different safety-related listening situations. For each please indicate how often you think each situation is a problem for your friend or family member.

Their hearing loss causes them to miss telephone calls	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
In case of fire, they would not hear a smoke alarm	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
They cannot hear warning sounds like ambulances or police sirens	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom

Thinking about how their hearing loss has affected your relationship with them, please indicate your level of agreement with each of the following statements:

Sometimes they are not very good company because they do not respond when I speak to them	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
It is very difficult to find a comfortable volume for the TV	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
I get frustrated because I often have to repeat myself	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
Sometimes I answer for them when they have not heard	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
I don't involve them in the decision making process because of their hearing loss	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
Their hearing loss keeps us from going out as much as we would like	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom

Thank you for taking the time to help us help your friend or family member.

