

Significant Other Assessment of Communication

Please select the appropriate number ranging from 1 to 5 for the following questions.

	Total:	(2 =	-20	= ×	1.25 =	%
10)	Do others leave him/her out of conversations or become annoyed because of his/her hearing?	1	2	3	4	5
9)	<u>Other People</u> Do your or others suggest that he/she has a hearing problem?	1	2	3	4	5
8)	Does any problem or difficulty with his/her hearing visibly upset them?	1	2	3	4	5
7)	Feelings About Communication Do you feel that any difficulty with his/her hearing limits or hampers his/her personal or social life?	1	2	3	4	5
6)	Does he/she experience communication difficulties when using or listening to various communication devices? (for example, telephone, telephone ring, doorbell, public address system, warning signals,	1	2	3	4	5
5)	Does he/she experience communication difficulties when you are in an unfavorable listening environment? (for example, at a noisy party, where there is background music, when riding in an auto or bus, when someone whispers or talks from across the	1	2	3	4	5
4)	Does he/she experience communication difficulties while participating in various types of entertainment? (for example, movies, TV, radio, plays, night clubs, musical entertainment, etc.)	1	2	3	4	5
3)	Does he/she experience communication difficulties while listening to someone speak to a large group? (for example, at a church or in a civic meeting, in a fraternal or women's club, at an educational lecture,	1	2	3	4	5
2)	Does he/she experience communication difficulties in situations when conversing with a small group of several persons? (for example, with friends or family, co-workers, in meetings or casual conversations, over dinner or while playing cards, etc.)	1	2	3	4	5
	situations when speaking with one other person? (for example, at home, at work, in a social situation, with a waitress, a store clerk, spouse, boss, etc.)	₹ 1	0 2	₹0 3	ட் 4	⊒₹ 5
<u>Va</u> 1)	ious Communication Situations Does he/she experience communication difficulties in	Almost Never	Occasionally	About Half Of The Time	Frequently	Practically Always
Circle only one number for each question. If the patient has a hearing aid, please fill out the form according to how he/she communicates when the hearing aid is not in use.				f ne		