

FAMILY OR FRIEND QUESTIONNAIRE

We want to know how you feel about the hearing of someone close to you.

Who are you? Spouse Son/daughter Parent Friend

Please answer the following questions:

How would you describe the degree of their hearing loss?

Severe loss Moderate loss Mild loss No loss

To the best of your knowledge, which best describes the impact of their hearing loss on their own daily life during the past year?

Severe impact Moderate impact Mild impact No impact

Please indicate the impact this hearing impairment has had on your relationship with this Friend or relative in the past 12 months.

Severe impact Moderate impact Mild impact No impact

What would you say has been the most negative effect of their hearing loss on your relationship with them?

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 get confused about where sounds are coming from	<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
Their hearing has gotten noticeably worse over the past five years	<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom
They misunderstand instructions given by doctors or pharmacies	<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.

<p>Their hearing loss causes them to miss telephone calls</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>Their hearing loss causes them to make serious mistakes at home or work</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>In case of fire, they would not hear a smoke alarm</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>I would not leave them in charge of caring for small children due to their hearing loss</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>They can not hear warning sounds like ambulances or police sirens</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>

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

<p>Sometimes they are not very good company because they do not respond when I speak to them</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>It is very difficult to find a comfortable volume for the TV</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>Sometimes they shout without knowing it</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>I get frustrated because I often have to repeat myself</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>Sometimes they seem to hear but then do not perform a request or task</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>Sometimes I answer for them when they have not heard</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>I don't involve them in the decision making process because of their hearing loss</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>
<p>Their hearing loss keeps us from going out as much as we would like</p>	<p><input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Seldom</p>

Do you think hearing aids could improve your friend or relative's daily life? If so, how?

Do you think hearing aids could help improve your relationship with them? If so, how?

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