

New Mexico Audiology Associates, LLC
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It is our mission to find the best personal solution for each individual's communication needs. We will only be successful reaching this goal if we take the time to get help from those closest to this person ≥ you! Please help us help them.

Your Name _____ Relationship to Patient _____

Patient Name _____ Date _____
Circle Response

- | | | | |
|--|-----|-----------|----|
| 1. Have you observed a situation where a hearing problem caused him/her to feel embarrassed when meeting new people? | YES | sometimes | NO |
| 2. Do you feel a hearing problem causes him/her to feel frustrated when talking to his/her family members | YES | sometimes | NO |
| 3. Have you noticed that he/she has difficulty hearing when someone speaks in a whisper? | YES | sometimes | NO |
| 4. Do you believe he/she feels handicapped by a hearing problem? | YES | sometimes | NO |
| 5. Are you concerned that a hearing problem causes him/her difficulty when visiting friends, relatives, or neighbors? | YES | sometimes | NO |
| 6. Do you think a hearing problem prevents him/her from attending religious services as often as he/she would like? | YES | sometimes | NO |
| 7. Have you ever felt that a hearing problem causes him/her to have arguments with family members? | YES | sometimes | NO |
| 8. Have you noticed that a hearing problem causes him/her difficulty when listening to TV or radio? | YES | sometimes | NO |
| 9. Are you concerned that any difficulty with his/her hearing limits or hampers his/her personal or social life? | YES | sometimes | NO |
| 10. Have you observed that a hearing problem causes him/her difficulty when in a restaurant with relatives or friends? | YES | sometimes | NO |