(MC1) Welcome to Medicare (IPPE) (MC2) Initial Wellness (MC3) Subsequent Wellness

## **HEARING SCREEN**

Form # 313 (8/16)

Name:	Date:		
DOB:			
Ten Ways To Recognize Hearing Loss			
The following questions will help you determine if you need to have your hea	ring evaluated by a medical professional:		
Do you have a problem hearing over the telephone?		Yes	No
Do you have trouble following the conversation when two or m	ore people are talking at the same time?	Yes	No
Do people complain that you turn the TV volume up too high?		Yes	No
Do you have to strain to understand conversation?		Yes	No
Do you have trouble hearing in a noisy background?		Yes	No
Do you find yourself asking people to repeat themselves?		Yes	No
Do many people you talk to seem to mumble (or not speak clear	:1y)?	Yes	No
Do you misunderstand what others are saying and respond inapp	propriately?	Yes	No
Do you have trouble understanding the speech of women and ch	uildren?	Yes	No
Do people get annoyed because you misunderstand what they sa	ay?	Yes	No

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