



The Good Practice Guide.

A free resource for your aged care hearing assistance programs.

Presented by Deafness Forum Australia.

Edition: May 2023



The Good Practice Guide for aged care hearing assistance programs.

1. Background and Purpose

This practical guide was created by the Deafness Forum Australia.

This free Good Practice Guide together with other resources at www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/

will assist in establishing and maintaining an effective hearing assistance program.

The *Happy Hearing* app is a useful on-the-job reference available free from Google Play or the Apple App Store.

The *Good Practice Guide* was prepared primarily for use in **residential aged care**. The Guide should also be a useful starting point in developing hearing assistance in **home care**. Section 3.5 relates material in this Guide to home care.

The assistance and training needs stated in the first two pages of the Program section of this guide are essential. However, the organisational and operational arrangements for providing this assistance will vary with the size and circumstances of individual aged care providers.

It is therefore expected that providers may modify these to suit their particular needs.

The Good Practice Guide is freely available for reference and training purposes. Any other use requires the prior written approval of the Deafness Forum of Australia.

The *Guide* is a pdf document. A copy in Word may be requested from info@deafnessforum.org.au to enable users to make local changes.

Deafness Forum Australia acknowledges the advice and generous assistance of Hearing Australia staff and is also grateful to aged care staff, consumers and volunteers who have participated in development of the hearing assistance program.

Deafness Forum Australia 2016–2023

At the time of collating and subsequent revisions, all information contained in this guide was current.

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2. Hearing assistance program and staff roles

The following arrangements are critical for the welfare of hearing impaired consumers.

These arrangements also benefit staff and are not time consuming if undertaken effectively and systematically. (The following staff responsibilities are consistent with provider accreditation requirements.)

Staff hearing assistance responsibilities

- a) Use appropriate communication techniques when speaking with **all**¹ hearing impaired consumers.
- b) Identify, record and communicate any hearing assistance needed by individual consumers.

Where needed by individual consumers –

- c) Timely daily insertion of hearing aids², ensuring that they are functioning satisfactorily. Removal and proper storage of aids³.
- d) Regular (normally weekly⁴) battery change and basic trouble shooting including, if necessary, clearing wax blockages in mould and tubing. Also noting signs of possible wax accumulation in the ear canal. Ordering replacement batteries⁵.
- e) Contacting a hearing services provider promptly to arrange hearing assessment, fitting, servicing and repair of hearing aids. Assist eligible consumers to access benefits under the government Hearing Services Program.

Pre-conditions for an effective hearing assistance program

1. Clear management support.
2. As part of their duties a suitable staff member is assigned responsibility for championing and advising staff (including new staff) on hearing assistance in a facility or section thereof.

The champion may be an enthusiastic and respected personal carer. (Team Leaders and RNs seldom have time to also perform the champion role effectively.)

3. Hearing assistance needs are included in on-entry and subsequent periodic assessment of consumers and communicated to relevant care staff (including temporary staff).
4. Personal care staff receive necessary hearing assistance training and are aware of their responsibility to provide daily and weekly hearing assistance to consumers who need this support (see Prompt Card page 1 in Attachment 3b).
5. Supervisory staff have the skills to oversee provision of satisfactory hearing assistance expected of personal care staff and to undertake basic trouble shooting of hearing aids and identification of hearing impaired consumers (see Prompt Card page 2 in Attachment 3b).

Footnotes:

1. 75% to 85% of aged care consumers experience hearing loss. Accordingly, it would be desirable for staff to use appropriate communication techniques when speaking with all consumers unless they are known to have normal hearing.
2. Includes **alternative** listening devices used in lieu of hearing aids. This would not normally include **assistive** listening devices used specifically for TV etc.

In high care situations, especially where consumers suffer from significant dementia, it is generally difficult for them to commence using hearing aids. Alternative listening devices, such as



personal communicators, may be more acceptable to these consumers. Use of such devices may need to be initiated by staff or visiting family members.

3. Ensuring that dry kits are functioning satisfactorily where needed for storing hearing aids. Ensure that non-replaceable batteries are never placed in recharging devices.
4. Implantable devices and some hearing aids require regular changing of batteries more frequently than weekly. Routine battery changes should ensure consumers' hearing aids remain powered at a satisfactory level and that it should only be necessary for batteries to be changed at other times in isolated circumstances.
5. Consumers who manage their hearing aids independently should normally be encouraged to change their hearing aid batteries at an easily remembered time on the same day each week or more frequently if necessary.
6. Replacement batteries are normally requested from the consumer's hearing services provider when their spare batteries are down to one complete packet.
7. Management may decide that in a facility's circumstances a different allocation of responsibilities to that proposed in attached Prompt Cards p.1 is appropriate for personal carers.



3. Underlying Arrangements

3.1 Staff knowledge and training

Personal Care Staff

At a minimum staff need to be competent in the skills list in Prompt Card p.1 Attachment 3(b) and demonstrated in the video *Hearing Assistance in Aged Care* (Part A and Part B - Section 1).

Supervisory Staff

Staff need to model communication techniques; undertake basic hearing aid trouble shooting and identify hearing impaired consumers as listed in Prompt Card p. 2 and the video in full. Also see Attachment 7.

Hearing Assistance Champion

A champion needs to be able to undertake and demonstrate all the above skills; understand relevant government Hearing Services Program provisions and be able to give advice on suitable basic assistive listening devices. (See section 3.4 and Attachment 2 of this Guide.) A knowledge of Teaching-learning Module 3, and Module 4 sections 1.1 and 1.2 is also desirable.

Some staff may wish to view the video more than once.

Viewing needs to be followed promptly by on-the-job practice and possibly supplemented with a hands-on in-service session conducted by a hearing services provider.

The principal services provider¹ should if necessary be prepared to conduct practical 'hands on' in-service training supplementary to the instructional video for the hearing champion/s, nurse educator/SDO and any other nurses with supervisory hearing assistance responsibilities.

The nurse educator/SDO should then be able to include hearing assistance in on-commencement training for new staff.

It would be helpful if designated ENs and RNs are proficient in the use of an otoscope to check for excess earwax accumulation. It would also be



helpful if RNs could undertake syringing to remove wax – subject to visiting GPs concurrence and in accordance with organisation protocols.

3.2 The principal hearing services provider (for residential facilities)

A consumer who holds a Hearing Services Voucher is entitled to be a client of any hearing services provider approved by the Office of Hearing Services.

The choice of hearing services provider should not impact on facility staff where a consumer is an independent hearing aid user or only needs daily assistance to insert and remove their aids, and where the consumer, or a family member, undertakes the remaining tasks necessary to manage their aids including obtaining replacement batteries. However, where consumers need additional help in managing their hearing aids it can be easier if these consumers are clients of the same provider. Such a hearing service provider is referred to in this guide as the ‘principal provider’ (a principal provider or the facility does not have the right to restrict the access of other hearing service providers to a facility).

In deciding on a principal provider, it is advisable for the facility to first establish that the provider is willing and able to supply certain services stated in this document, including:

- Ongoing in-service staff training sessions where appropriate to supplement the video Hearing Assistance in Aged Care;
- Supplying batteries to meet the needs of their clients, as well as providing other appropriate consumables free or at reasonable prices; and
- Making reasonably frequent visits to the facility where clients are unable to attend the provider’s premises – for such purposes as screening tests, as well as for comprehensive hearing assessments,

fitting, adjusting and servicing of hearing aids and alternative listening devices.

For a hearing assistance program to be successful – the facility’s staff will also need to meet their responsibilities. Additionally, where the principal provider gives reasonable notice of a clinic at the facility, appointment times will need to be agreed and a suitable room made available. Staff will then ensure that consumers arrive on time for appointments with the provider unless they are confined to their bed or unit.

3.3 Additional information and suggestions

1. The **hearing champion** should advise and mentor personal care staff as necessary. Supervisory staff should conduct random checks of consumers’ aids after insertion to ensure that they are functioning satisfactorily.
2. The **Personal Care files** (or online equivalent) of consumers who have an apparent hearing impairment – whether or not they use hearing devices:
Attachment 4 - Template: Consumer Hearing Impairment Information and Assistance Needs form, or equivalent, should be completed for each consumer who is identified as having an apparent hearing loss – whether or not they use hearing devices. This form should be placed in the consumer’s Personal Care file (or online equivalent) and kept up to date. Ready access to this information is essential.
Other notes regarding hearing assistance action taken should be made in accordance with organisation protocols, e.g. in a consumer’s Progress Record.
3. As a quality control measure, **record the weekly battery change and related activities for each consumer assisted**. Using for example, Attachment 5 - Template: Routine hearing aid battery change, checking and cleaning record.

If tubing for BTE aids becomes stiff it should be changed by the hearing services provider. BTE moulds and ITE shells should also be referred



to the provider in the event of cracking or other apparent deficiency or otherwise for review after a period not exceeding two years. The thinner tubing and domes for 'open fit' aids need to be replaced more frequently as recommended in the training video (The hearing services provider needs to be advised of the consumer's name and/or client ID as these items vary in size).

A hearing aid sent away for repair should be placed in a rigid container, not just a padded envelope. A completed information form may be included to assist in expediting the repair. See [Attachment 6 Template Form](#) to accompany hearing aids sent to hearing services provider for repair.

To meet these responsibilities staff, need ready access to a **portable kit** (in a small bag such as a school lunch box), containing:

- Puffer (for blowing wax or moisture from tubing and holes in BTE aid moulds) *
 - Alcohol wipes
 - Tube of greaseless personal lubricant available from a supermarket, but preferably a type specifically for hearing aids*
 - Magnet tipped wax cleaning brush* (for battery changing only. Consumers should each have a wax cleaning brush for their aids to avoid risk of cross-infection.)
 - A clean cup may be needed to soak earmoulds of a BTE aid in warm water until wax is soft enough to be removed by flowing warm water through the tubing and mould. (See *Happy Hearing* app or *Hearing Assistance in Aged Care* instructional video.)
- * These items may be obtained from a hearing services provider.

4. **Hearing aids when not in use** should be stored in a suitable rigid container (usually the container the aids were originally provided in) along with a wax cleaning brush and placed next to the consumer's bed. The aids and other items are usually

supplied in a pouch or box where spare batteries can also be stored. Containers and accompanying pouches should be named, particularly in multi-bed rooms or where consumer has significant dementia. Ideally a bright coloured box (such as those typically found in bargain shops) should replace the pouch and be clearly labelled 'HEARING AIDS'. This would require the prior agreement of the consumer or their representative. The bright coloured box should attract the attention of staff (particularly casuals) especially at busy times.

Some consumers may need an air-tight screw top storage jar which can house a drying agent to control moisture build-up in their hearing aids or tubing. Replacement drying agent can be obtained from a hearing services provider. (Dehumidification tablets as shown in the training video need to be changed when their colour fades.) Suitable airtight containers can be purchased from a general retailer if necessary. Some aids/devices may have dehumidification boxes for storage overnight.

5. **Possible hearing aid/ alternative device users.** A consumer with an evident hearing impairment may be encouraged to seek professional assessment with the possibility that hearing aids or an alternative listening device may be recommended. However, a person should not be pressured to do so even if there is an apparent need for such action. Motivation is the key factor in successful hearing device usage, and an unwilling hearing aid user is unlikely to persevere with hearing aid use during the sometimes difficult period while adapting to them. If family members are available and supportive they may provide valuable encouragement to the consumer.

Where a consumer will use hearing aids it needs to be established whether they can manage the aids independently or whether staff assistance will be needed and, if so, for which aspects of hearing aid management.



Attachment 8 - Template: Hearing Aid Benefit Questionnaire (particularly Questions 1, 2 & 3) may assist in identifying these needs. If the consumer has ceased using hearing aids discussion based on other sections of the Questionnaire may help establish why this occurred and what the best course of action is now.

If a consumer is having trouble hearing, their ears should first be checked for excess wax accumulation. If this is not the cause, refer the resident to a GP who may request a hearing test with the possibility that the consumer may need a hearing aid or alternative listening device.

If a consumer appears to have a hearing loss which warrants professional assessment most hearing services providers will administer a screening test free of charge. If this indicates a need for further assessment and possible corrective action the consumer may be eligible for free or subsidised assistance through the government Hearing Services Program. A GP will need to complete a Medical Certificate. (See section 3.4)

Those not eligible to receive Hearing Services Program assistance must seek assistance from an audiologist in private practice.

3.4 Hearing Services Program

The Hearing Services Program has two components with different eligibility requirements as outlined below.

Voucher scheme

To be eligible for the program's Voucher scheme a person must be an Australian citizen or permanent resident over the age of 21 years and hold a:

- Centrelink Pension Concession Card;
- Centrelink Sickness Allowance;
- DVA Pensioner Concession Card;

- White Health Repatriation Card (for hearing loss);
- Gold Health Repatriation Card;
- be a partner of a person in one of these categories; or
- be referred by the Disability Employment Service.

Community Service Obligations (CSO)

To be eligible for CSO a person must be an Australian citizen or permanent resident, and be either:

- aged under 26 years
- Aboriginal or Torres Strait Islander and either:
 - aged 50 years or over
 - participate in the Community Development Program
 - took part in the Community Development Employment Projects Program from 30 June 2013 and were receiving hearing services from Hearing Australia before you stopped participating
- eligible for the voucher scheme and either:
 - live in a remote area (Modified Monash Model locations 6 and 7)
 - require specialist hearing services.

For more information about the program and the services available for eligible people, visit:

www.health.gov.au/our-work/hearing-services-program.

Where a consumer is not eligible to receive a Voucher,

the hearing champion should discuss with the consumer and/ or power of attorney the desirability of seeking an assessment through a hearing services provider¹ if they may need to purchase hearing aids or an alternative listening device. Note: A person can only be a client of Hearing Australia if they are eligible for the Hearing Service Program. Alternative listening devices are generally a cheaper option than hearing aids but may be less effective depending



on the nature of the consumer's hearing loss and social circumstance.

The hearing champion should advise consumers with privately purchased hearing aids, and Hearing Services Program members who make significant 'top up' payments, to consider taking out **insurance cover on their aids (or for the 'top up' sum)**. If the consumer has contents insurance the aids may be covered under that policy for an additional premium. See Attachment 10: *Advice on insurance for hearing aids and cochlear sound processors*

Replacement or up-graded **cochlear implant sound processors** are not available through the Hearing Services Program or government grants. Implantees are strongly advised to insure their sound processors against loss or damage (See Attachment 10). Private health insurers do not cover sound processors for loss or damage and usually apply an eligibility period for up-grades. Some funds also require specified audiological testing to establish that benefit would be gained from an up-grade.

Replacing a lost or damaged hearing aid or alternative listening device.

If a consumer's hearing aid or ALD was fitted under the Hearing Services Program, and has been lost or damaged beyond repair, the consumer may be required to pay a small administration fee to have their aid replaced. Any 'top-up', will be an additional charge (regardless of whether a 'top-up' payment had been made towards the aids that are being replaced). This fee and possible 'top-up' charge is payable to the hearing services provider.

If the device is lost a Statutory Declaration will be supplied by the hearing services provider for completion outlining the circumstances of the loss.

The administration fee may be waived where the consumer holds a DVA Gold Repatriation Card or a DVA White (hearing specific) Repatriation Card.

The fee may also be waived where:

- the hearing device has been lost or damaged by the facility or hospital staff – this must be certified by the responsible staff member
- the device has been lost by Australia Post or another courier
- the device has been lost in hospital; or
- the consumer has dementia.

The consumer's circumstances need to be discussed with the hearing services provider when the above mentioned statutory declaration is lodged. The consumer's continuing eligibility for the Hearing Service Program will be checked by the Office of Hearing Services from which further information or advice can be obtained on 1800 500 726, www.hearingservices.gov.au

3.5 Home care hearing assistance plans

This section seeks to draw together material in this Guide that may be useful in making hearing assistance available for inclusion in home care packages. ***This is particularly important as it may be too late for a consumer to adapt to using hearing aids later in life.*** This section relates to standard home care packages and does not necessarily apply under some other funding arrangements for aged care recipients.

Identification of hearing loss and care planning

Home care providers need to establish the scope of hearing assistance to be offered by their service. Content in section 2 of this Guide may help in establishing what that scope may be in different home care situations. Accreditation 'Standard 3 (Personal care and clinical care) will only apply to organisations that provide personal care and/or clinical care. That is: Standard 3 will apply to providers delivering care and services in ... Home Care Packages ... providing nursing, personal care services. Standard 3 will not apply to providers only delivering services such as meals or other food services, transport, home maintenance or domestic assistance'. (Department of Health, July 2018)



It would also be necessary to decide on the information and training needed by staff who would directly provide this assistance.

When drawing up a home care plan a supervisor or other assessor needs to identify a consumer's possible hearing assistance needs for discussion with the consumer in developing their consumer directed care plan. (See Attachment 7) The ACAT assessment may provide a starting point for discussion with the consumer and/or their family member/representative. Hearing assistance needs may also become apparent to personal carers in the course of their duties and interactions with the consumer and family members/ representative. It is important therefore that personal carers are familiar with common indicators of hearing loss.

In the 'Aged Care Quality and Standards Guidance and Resources for Providers' regarding Standard 1 - Consumer dignity and choice, dot point 'Dignity of risk' (p7) states that '... Organisations need to take a balanced approach to managing risk and respecting consumer rights. If a consumer makes a choice that is possibly harmful to them, then the organisation is expected to help the consumer understand the risk and how it can be managed. Together they should look for solutions that are tailored to help the consumer to live the way they choose.'

The Guidance (p52) states 'Hearing loss is a common condition in consumers. There is a clear link between hearing assistance and improving a consumer's quality of life. This includes less social isolation, stress and frustration, as well as reducing the risk of consumers developing medical conditions, such as depression.'

Dementia Australia states that:

- 'Age-related hearing loss is a factor that increases the risk of dementia ... however, hearing loss is only a risk factor, and having any form of hearing

loss does not mean that a person will [necessarily] develop dementia.'

- 'Research suggests that people with mild symptoms of hearing loss may be twice as likely to develop dementia as those with healthy hearing. People with severe hearing loss may be five times more likely to develop dementia.'
- Taking corrective action (wearing hearing aids) over a substantial period helps to lessen the risk of developing dementia. This argues for commencing hearing aid use while receiving home care rather than deferring until later.

These are powerful considerations but staff must avoid pressuring a consumer to wear hearing aids against their wishes as this may result in abandonment of the aids. In such discussion it may be appropriate for the senior staff member to discuss possible assistance through the government Hearing Services Program. (See section 3.4) The staff member should also alert a consumer to possible insurance of aids purchased in part or whole by a consumer. (See Attachment 10).

Delivery of hearing assistance

If hearing assistance forms part of a consumer's care plan, direct care staff may need to be guided by the content of a *Client Hearing Impairment Information and Assistance Needs* form (or similar) completed as part of the care plan. (See Attachment 4).

Section 2 of this Guide lists the *basic* hearing assistance that a consumer in residential care may need.

Day to day assistance with hearing aids may not be feasible under home care arrangements. However, activities listed in the adjacent box - undertaken in conjunction with a consumer - could be valuable, especially if suitable family support is not available or family members have limited knowledge of hearing assistance.



For activity (ii) The *Routine Hearing Aid Battery Change, Checking and Cleaning Record* form (Attachment 5) may prove useful where a consumer needs assistance. It may sometimes be necessary for home care staff to phone a hearing services provider on behalf of a consumer to request replacement hearing aid batteries or other minor services.

For activity (iii)(a) Home care consumers may be clients of different hearing services providers and would normally be expected to be able to visit a provider's premises. However, home visits should be requested if necessary and feasible.

With respect to activity (iii)(b) it may be helpful to a consumer and their family if a home care staff member is aware of important benefits available under the government Hearing Services Program and the eligibility requirements. Adequately informed direct care staff may be in a position to offer advice and to point the consumer or family member to government sources of information regarding the HSP. See www.hearingservices.gov.au (Section 3.4 of this Guide also outlines some current aspects of the HSP.)

Basic assistance which may be required to meet the needs of individual hearing aid users in residential care:

- i. Timely daily insertion of hearing aids and ensuring that they are functioning satisfactorily. Removal and proper storage of aids.
- ii. Regularly (normally weekly) changing of hearing aid batteries and minor trouble shooting, including clearing any wax or moisture blockages from moulds or tubing. Noting signs of possible wax accumulation in the ear canal. Ordering replacement batteries. Ensuring that drying kits, where needed, are functioning satisfactorily;
- iii. (a) In conjunction with consumer, family/ representative and/or supervisor: contacting the principal hearing services provider promptly to arrange assessment, fitting, servicing and repair of hearing aids; and

(b) Assisting eligible consumers to access benefits under the Government Hearing Services Program.

Direct care staff may, where appropriate, have the opportunity to suggest to consumers and family members sources of possibly useful information on assistive listening devices. (See Attachment 2) They may also have the opportunity to encourage - but not pressure - consumers to address an apparent hearing loss and then encourage them to persevere while adapting to using hearing aids or an alternative listening device. Some direct carers may be able to provide the type of support explained in sections 1.1 and 1.2 of teaching-learning Module 4: *Hearing assistance implementation and evaluation* at www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/



However, supervisors need to consider, on an individual basis, the suitability of their staff to provide such support.

As in residential care, **all** home care staff should use **appropriate communication techniques** when speaking with **all** hearing impaired consumers, whether or not they use hearing aids, and regardless of whether hearing assistance is a specified part of a consumer's care plans. (See Attachment 1).

A video may be viewed at www.youtube.com/watch?v=O15xOkOkFVQ&feature and learning checked by demonstration of skills and/or use of the Revision Sheet in Attachment 3(a).

Training should be followed promptly by hands-on practice (e.g. in a respite centre) and/or by a practical workshop conducted by a hearing services provider and possibly supported by the Prompt Cards in Attachment 3(b) customised to meet the arrangements of a home care provider.

The free *Happy Hearing* app is a valuable on-the-job reference available from Google Play and the Apple App Store.



Attachment 1: Tips for talking with a hearing impaired person

- **Face the person directly**
Talk face-to-face. Try to be at the same eye level whenever possible.
- **Avoid shouting**
Shouting will make your words less clear. Speak normally, although you may need to slow down. Clarify important information.
- **Say it a different way**
If you are not making yourself understood, find a different way of saying it – rephrase rather than simply repeat the same words.
- **Let the person see all of your face**
Don't cover your face. People use physical cues to help them understand speech, such as lip movements, facial expressions and gestures.
- **Reduce background noise**
Turn off the television or radio or move to a quieter place.
- **Make sure your own face is in a good light**
This will ensure they can see you properly, which will allow them to use visual cues to help figure out what you are saying. Don't have a light shining in their eyes.
- **Be patient**
Try not to become irritated if they cannot understand you. Be aware that they may have difficulty understanding speech even with a hearing aid.
- **Consider their needs**
Think about ways to help the person hear when organising social events. If possible seat them in a quiet spot in the dining room.
- **Give cues when talking in groups**
You will make a conversation easier to follow when everyone knows what is being discussed. Try to give some warning of topic changes. You might say something like: "I want to tell you about what happened down the street yesterday" to introduce a change of topic.
- **Talk to the person about how you can help improve their hearing experience.**



Attachment 2: Alternative/Assistive Listening Devices - sources of information

If appropriate, **alternative** listening devices can be fitted instead of hearing aids where a consumer has a Hearing Services Program Voucher. **Assistive** listening devices can be purchased to assist with other hearing needs.

For general advice, Hearing Australia can help decide which assistive device is right for a consumer www.hearing.com.au/Hearing-products/Accessories If a consumer cannot visit the display room of an assistive listening devices provider, check:

- delivery charges; and
- returns policy.

The following providers are members of the Deafness Forum Australia:

- Hearing Australia www.hearing.com.au
- ClearaSound www.clearasound.com.au
- Word of Mouth
Technology www.wom.com.au

Attachment 3(a): Template - Revision Sheet for video Hearing Assistance in Aged Care

The Revision Sheet is designed to test essential knowledge from the video as an aid to learning and as a benchmark for necessary skills in this area of personal care. This questionnaire may be used by a trainer with a group of trainees or by an individual learner.

After viewing the video in full it may be appropriate to complete the Revision Sheet section by section and check responses by again viewing the relevant section of the video before moving on to the next section.



Revision Sheet on the *Hearing Assistance for Aged Care* video

PART A

Question 1

What is the number one enemy of hearing impaired people that is likely to interfere with their easy participation in a conversation?

Select one:

A. Boring conversation

B. Groups larger than two

C. Background noise

D. Being yelled at

Question 2

Draw a line to the correct word to complete the following statements about the most unfortunate side effects of hearing loss.

- Struggling to hear in social situations can cause withdrawal, ...

frustration

- Misunderstandings can cause confusion and even be mistaken for signs of ...

isolation & depression

- Incorrectly responding to a conversation or noise can cause ...

dementia

- People speaking fast and mumbling can cause ...

embarrassment

Question 3

Which of the following behaviours is **not** typically an indication that a person may have a hearing loss?

Select one:

A. Watching a speaker's face and gestures intently.

B. Listening to the TV or radio on a low volume.

C. Frequent requests for repetition.

D. Difficulty understanding conversation in groups.

Question 4

Wearing hearing aids is often abandoned because the return of forgotten sounds, especially background noises can be overwhelming. True or False?

Select one:

A. True

B. False

