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|  | *J*IAS-Questionnaire adults |

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| --- | --- | --- |
| Surname: | First name: | Date of birth: |
| Street: | Village: | |
| Phone number: | E-Mail: | |
| Questionnaire completed on: | | |

|  |  |  |
| --- | --- | --- |
| **Questions** | **Yes** | **No** |
| 1. Problems with ear infections, tympanic effusions or other hearing problems? |  |  |
| Comments: | | |
| 2. Difficulties with background noises? |  |  |
| Comments: | | |
| 3. Difficulties to remember spoken information? |  |  |
| Comments: | | |
| 4. Slow to respond to spoken questions? |  |  |
| Comments: | | |
| 5. Hypersensitive to certain sounds or noises? |  |  |
| Comments: | | |
| 6. Missunderstanding of words? |  |  |
| Comments: | | |
| 7. Intonation flat / monotonous? Not good at copying tones? |  |  |
| Comments: | | |
| 8. Do you suffer from tinnitus? If so, since when? In which ear? What does tinnitus  sound like? (humming, rushing, whistling)?  How strongly do you perceive it? |  |  |
| Comments: | | |
| **Questions** | **Yes** | **No** |
| 9. Are you currently in a therapeutic treatment? |  |  |
| Comments: | | |
| 10. Do you take any medication? |  |  |
| Comments: | | |
| 11. Have you already had your hearing checked? If so, when? Result? |  |  |
| Comments: | | |
| 12. Is your ability to concentrate impaired? |  |  |
| Comments: | | |
| 13. Are you a daydreamer /absent-minder? |  |  |
| Comments: | | |
| 14. Are you rather restless? |  |  |
| Comments: | | |
| 15. Do you have sleeping problems? |  |  |
| Comments: | | |
| 16. Do you suffer from pain? (headaches, jaw pain or back pain) |  |  |
| Comments: | | |
| 17. Are you feeling stressed or burnt out? |  |  |
| Comments: | | |
| 18. In which life situations does your hearing impediment impact you most? |  |  |
| Comments: | | |
| 19. Wie gross ist Ihr Leidensdruck in einer Skala von:  What is the level of suffering on a scale of:  0 (no problem) ------------ to ------------- 10 (massive suffering) | |  |
| 20. Further comments: | | |