

The “Welcome to Medicare Exam” must include these seven service elements.

- Review of medical and social history
- Review of potential for depression
- Review of functional ability and level of safety, including **screening for hearing impairment** and falls risk
- Height, weight, blood pressure, visual acuity
- Electrocardiogram
- Education, counseling, and referral based on preceding results
- Education, counseling, and referral, including a brief written plan, regarding screening and preventative services separately covered by Medicare

“Welcome to Medicare Exam” Hearing Impairment Screening

Check YES, NO, or SOMETIMES for each question.

1. Do you find it difficult to follow a conversation in a noisy restaurant or crowded room?
 YES NO SOMETIMES
2. Do you sometimes feel that people are mumbling or not speaking clearly?
 YES NO SOMETIMES
3. Do you experience difficulty following dialogue in the theater?
 YES NO SOMETIMES
4. Do you sometimes find it difficult to understand a speaker at a public meeting or religious service?
 YES NO SOMETIMES
5. Do you find yourself asking people to speak up or repeat themselves?
 YES NO SOMETIMES
6. Do you find men's voices easier to understand than women's?
 YES NO SOMETIMES
7. Do you experience difficulty understanding soft or whispered speech?
 YES NO SOMETIMES
8. Do you sometimes have difficulty understanding speech on the telephone?
 YES NO SOMETIMES
9. Does a hearing problem cause you to feel embarrassed when meeting new people?
 YES NO SOMETIMES
10. Do you feel handicapped by a hearing problem?
 YES NO SOMETIMES
11. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?
 YES NO SOMETIMES
12. Do you experience ringing or noises in your ears?
 YES NO SOMETIMES
13. Do you hear better with one ear than the other?
 YES NO SOMETIMES
14. Have you had any significant noise exposure during work, recreation, or military service?
 YES NO SOMETIMES
15. Have any of your relatives (by birth) had a hearing loss?
 YES NO SOMETIMES



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