Department of Mental Health and Mental Retardation Office of Deaf Services

Screening for Hearing Loss

Purpose

OF

TREATME

2002

This document will help you make determination if a consumer has a hearing loss. While this information is used for the purpose of determining demographic information, it is even more important for guiding treatment planning. For this reason we treat these designations as a demographic feature, not a medical diagnosis. (It is important to note that the Department considers people who are deaf to be a part of a linguistic minority in addition to having an audiological disability.)

Using Decision Tree

The decision tree is based on simple, readily performed tests that will help you determine whether a person has a hearing loss that needs to be address in the treatment plan. Not all people who have a hearing loss that needs to be addresses will even know they have the loss. Most people who need accommodation have moderate to severe hearing loss and often seem to "get by." Nevertheless, their quality of life would significantly improve if steps were taken to help them cope with hearing loss better.

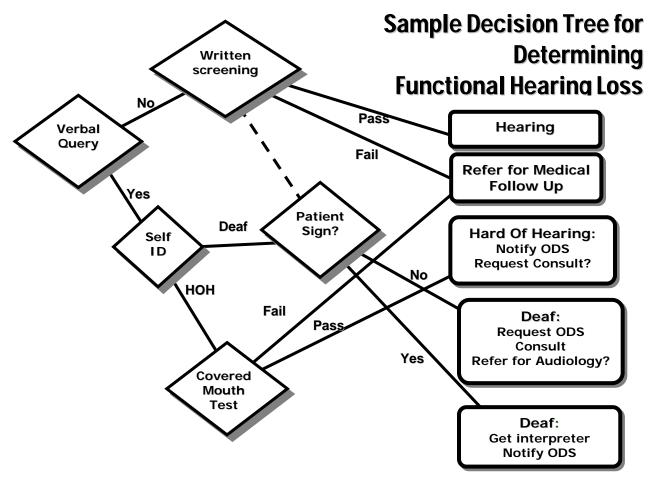
Use this decision tree by following the step outlined below. If you have questions, call your nearest Regional Coordinator of Deaf Services or the Office of Deaf Services.

- 1. Verbal Query
 - a. We will always start asking the person whether they are deaf or hard of hearing. Many people will "self-identify" but many will not. Either they don't realize they have a hearing loss or will be in denial. We want to ask first. Sometimes, especially in the case of people who attended a deaf program during school years (Such as the Alabama School for the Deaf,) their status will be obvious. Sometimes it will not be obvious. In any case, do not assume.
 - b. Ask the patient if they have a hearing loss or if they have trouble understanding people when they are talking.
 - i. If No proceed to "Written Test"
 - ii. If Yes proceed to Self-Identification
- 2. "Written Test" (Hearing Loss Questionaire)
 - a. This paper and pencil test can be self rated or the intake worker can ask the questions. (See page 4)
 - i. If pass, the patient is considered hearing and the test ends.
 - ii. If fail, there is a possibility of a hearing loss. Referral for an audiological work-up is indicated.
- 3. Self Identification
 - a. If a consumer self-identifies as a Deaf person and signs, we honor that. We will treat the person as a signing Deaf person regardless of whether their audiogram shows them to be deaf or hard of hearing. A person who is hard of hearing may actually be deaf but doesn't want the label used. In this case, we will defer to their wishes in how we talk to them, but for the purposes of this screening, we will need to do further exploration.

- i. If Deaf, the screening ends and an interpreter should be called if on is not already present. (Note: while it is unusual for a person who is deaf not to know sign language, it does happen. If this does, contact the Office of Deaf Services for further assistance.)
- ii. If Hard of Hearing, go to the "Covered Mouth" test.

4. Covered Mouth Test

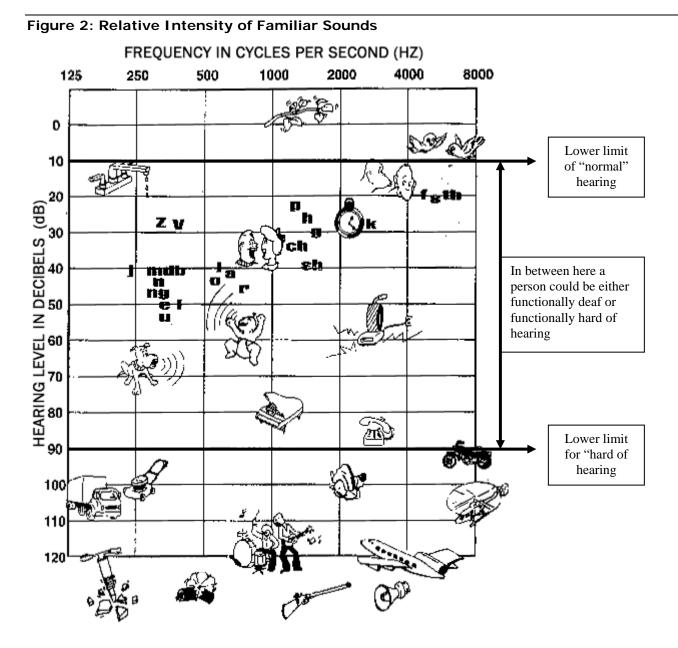
- a. We want to see if they depend on residual hearing or "speech reading" for communication. People who are heard of hearing will still need some program modification, but those changes will be very different from a person who relies mostly on visual information. Additionally the modification will depend on the level of function.
- b. Holding a piece of paper, clip board or standing behind the patient so that he or she cannot see you, give instructions for a two or three step task.
 - i. If pass, mark as hard of hearing, notify ODS for a consult on program modification if needed.
 - ii. If fail, ask if the patient knows Sign Language. IF they do, we will treat them as Deaf. If they do not, referral for an audiological examination is an important first step toward appropriate services.



5. Does the Patient Sign?

- a. Sometimes a patient who denies being deaf will still know Sign Language. This is important, because it gives us the most efficient channel for conveying information.
- b. Ask, "Do you know Sign Language?"
 - i. If Yes, mark as deaf, notify ODS and secure and interpreter.
 - ii. If No, a communication assessment will be needed in order to determine the best method for meeting this patient's communication needs. Contact ODS to arrange this assessment.

This guidance does not cover every contingency. Please contact our office if you have any questions or special situations.



Hearing Loss Questionnaire

1	Do people complain that you aren't listening?	Yes	Sometimes	No
2	Do people complain that you turn the TV volume too high?	Yes	Sometimes	No
3	Do you understand men's voices better than women's?	Yes	Sometimes	No
4	Do you have trouble hearing birds or the wind in the trees?	Yes	Sometimes	No
5	Do voices sound blurry - like people mumble?	Yes	Sometimes	No
6	Do you have to ask people to repeat themselves frequently, even in quiet rooms?	Yes	Sometimes	No
7	Do you need to turn toward the person speaking or cup your ear to understand what is being said?	Yes	Sometimes	No
8	Do you find yourself confusing words or making silly mistakes?	Yes	Sometimes	No
9	Do you miss hearing common sounds, like the ringing of the phone or doorbell?	Yes	Sometimes	No
10	Do you have difficulty hearing in public gathering places - concert halls, theaters, houses of worship - where sound sources are far from the listener?	Yes	Sometimes	No
11	Do you have difficulty hearing television and/or on the telephone?	Yes	Sometimes	No
12	Do you have trouble understanding conversation within a group of people?	Yes	Sometimes	No
13	Do you avoid group meetings, social occasions, or family gatherings where listening may be difficult or where one may feel embarrassed about misunderstanding what is being said?	Yes	Sometimes	No
14	Has a friend or family member mentioned that you could have a hearing problem?	Yes	Sometimes	No

Screened by:

Date