Conditions affecting hearing function

This questionnaire is for a person with a condition which results in functional impairment related to hearing. It relates to Table 11 of the Impairment Tables in Part 3 of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination (Cth) 2023.*

Treating Doctor (practice and specialisation)

Name: _____

Practice: _____

Specialisation: _____

Signature: _____ **Date:** _____

Name of patient: _____

Condition 1

Diagnosis

Date of diagnosis: / /

Date of onset (if known): / /

Are further tests/investigations planned to determine the diagnosis?

☐ Yes
☐ No

If yes, why are further tests/investigations necessary? (include alternative diagnosis)

Please attach any other reports about the diagnosis of this condition or contact details of relevant treating doctors or psychologists.

Past and current treatment

Provide information about all past and current treatment for this condition (e.g. surgery, hospitalisation, medication and dosage, counselling, physical therapy, rehabilitation).

Include date treatment commenced and dosage/frequency/duration where relevant.

Treatment	**Date commenced**	**Dosage/frequency/** **End date of treatment**

Compliance with treatment

- ☐ Very compliant
- ☐ Usually compliant
- ☐ Rarely compliant
- ☐ Uncertain

If there are issues with the person's compliance, explain what they are and the reasons, including any issues with access to treatment.

Specialist referrals

Attach reports or provide details of any specialist referrals for this person.

Name	Specialisation	Date of consultation

Future/planned treatment

Is there future/planned treatment which the person has not yet undertaken?

- ☐ No
- ☐ Yes - If yes, please provide the following information:

Planned treatment 1:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Planned treatment 2:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Clinical features

Current symptoms

Describe the current symptoms, including severity, frequency and duration. Symptoms are those which persist despite treatment, aids, equipment or assistive technology.

History

Give details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations such as radiology or pathology.

Impact on ability to function

Please answer the following questions about how the condition and its treatment currently impact on the person's ability to function.

Conditions resulting in functional impairment when performing activities involving hearing (communication) or other functions of the ear (e.g. balance) are relevant.

Supporting evidence from an audiologist, audiometrist, ear, nose and throat specialist, neurologist or neurosurgeon is required.

Examples of conditions which may affect hearing and other functions of the ear are congenital deafness, presbyacusis, acoustic neuroma, side-effects of medication including chemotherapy, Meniere's disease, head and neck cancer or neurological conditions including multiple sclerosis.

The questionnaire should be answered assuming the person is using any prescribed hearing aid, cochlear implant or other assistive listening device they usually use.

This is the appropriate questionnaire if a person uses recognised sign language or other non-verbal communication method as a result of hearing loss only.

Use of a hearing aid, cochlear implant or other advice

Please provide information about the person's use of a hearing aid, cochlear implant or other device.

Use of sign language, lip reading or other non-verbal communication method

Please provide information about the person's ability to use and level of reliance on a recognised sign language, lip reading or other non-verbal communication method (eg note taking), including:

- whether the person is completely or partially reliant on the method; and
- if partially reliant, in what situations or circumstances does the person need to use the method.

Hearing function

Describe any impact on the person's ability to hear a conversation or other sounds, including:

- whether they have difficulty hearing a conversation at average volume or even at raised volume (i.e. a loud voice or shouted warning) and whether this is with/without background noise;

- the person's ability to hear conversation using a standard telephone (including with/without background noise);

- the person's ability to hear sounds needed for personal or workplace safety (e.g. smoke alarm, fire evacuation siren, car or truck horn); and

- whether the person is reliant on captions to follow a television program or movie.

- Other comments

<u>Balance</u>

Describe any impact the condition has on the person's balance (e.g. dizziness), including how often the person has difficulty and the level of difficulty.

Ringing in the ears

Describe any impact on the person due to ringing in the ears (e.g. Meniere's disease or tinnitus), including how often this occurs and its impact on the person's hearing, communication ability or routine activities.

Future impact on ability to function

How long is the impact of this person's condition on their ability to function expected to last for?

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 13-24 months
- ☐ More than 24 months

Within the next 2 years the effect of this condition on the person's ability to function is expected to:

- ☐ Resolve
- ☐ Significantly improve
- ☐ Slightly improve
- ☐ Fluctuate
- ☐ Remain unchanged
- ☐ Deteriorate
- ☐ Uncertain

Provide details:

