



HEARING & VISION

Self Assessment

These questions are designed for you to reflect and identify possible concerns related to hearing/vision. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

Tick all that apply:

- I have difficulty doing things I enjoy because of my vision/hearing

- I have difficulty doing tasks for daily living e.g. showering because of vision/hearing

- I struggle to communicate with other people due to my vision/hearing

- I feel my vision/hearing has changed in the last 6 months

- My family/friends have concerns about my safety due to my vision/hearing e.g. driving

