Name:_____ Class:_____ Date:_____

Chapter 02: Adults Who Have Hearing Loss

True / False

1. Young adults are at risk for hearing loss in part because of loud music and the use of earbuds.
   a. True
   b. False

   ANSWER: True

2. It is likely that, by 2050, 50% of the U.S. population will be ethnically or racially diverse.
   a. True
   b. False

   ANSWER: True

3. Barotrauma is related to water pressure.
   a. True
   b. False

   ANSWER: True

4. The prevalence of tinnitus in the general adult population has been estimated at between 10% and 15%.
   a. True
   b. False

   ANSWER: True

5. Most adults with hearing loss experience sudden hearing losses.
   a. True
   b. False

   ANSWER: False

6. History of noise exposure does not seem to be a cause of a noise notch.
   a. True
   b. False

   ANSWER: False

7. Research suggests that men are more likely to report a hearing loss.
   a. True
   b. False

   ANSWER: False

Chapter 02: Adults Who Have Hearing Loss

8. The largest segment of adults who have hearing loss has mild or moderate sensorineural hearing loss.
   a. True
   b. False

   ANSWER: True

9. According to the American Speech-Language-Hearing Association (ASHA), when delivering speech and hearing services, the patient's culture should be considered static, not dynamic.
   a. True
   b. False

   ANSWER: False

Multiple Choice

10. For every 1,000 Americans, how many speak a language other than English at home?
    a. 27 b. 98
    c. 173 d. 436

    ANSWER: c

11. A patient-centered orientation designs rehabilitation services that are based on _____.
    a. a patient's background b. interventions
    c. listening devices d. all of the above

    ANSWER: a

12. According to Prince Market Research (2004), how many adults between the ages of 40 and 59 reported that they believed they had difficulty hearing?
    a. 36% b. 49%
    c. 62% d. 44%

    ANSWER: b

13. Of the following, which is the most common complaint made by individuals with hearing loss?
    a. "I can hear people talk, but I can't understand what they say."
    b. "All restaurants are too noisy."
    c. "My spouse never speaks clearly or tries to help me understand."
    d. "Little children are impossible to understand."

    ANSWER: a

14. An individual's socioeconomic status is based largely on his or her _____.
    a. occupation b. hearing loss
    c. number of children d. family's history

    ANSWER: a

Chapter 02: Adults Who Have Hearing Loss

15. A _____ orientation reduces hearing loss to the dimension of disease and illness and focuses on the organs and mechanisms of hearing.
    a. patient-centered
    b. sales
    c. biomedical
    d. technological

    ANSWER: c

16. Which term refers to a societal belief that someone possesses an undesirable attribute and/or an undesirable characteristic?
    a. cultural and linguistic competence
    b. dissonance theory
    c. nystagmus
    d. stigmatization

    ANSWER: d

17. What condition is a type of dizziness in which the patient inappropriately experiences a sensation of motion, such as a spinning sensation while sitting?
    a. barotrauma
    b. vertigo
    c. tinnitus
    d. nystagmus

    ANSWER: b

Completion

18. _____is the feeling of responsibility and need to manage or oversee a situation or condition.

    ANSWER: Ownership

19. LEP stands for _____.

    ANSWER: limited English proficiency

20. The Latin word for tinnitus (*tinnire*) means to _____ or _____.

    ANSWER: ring, tinkle

21. The term for using time as a factor in determining the length of an interaction is _____.

    ANSWER: clock-time

22. _____are age ranges in which a hearing loss may have a varying impact.

    ANSWER: Life stages

Chapter 02: Adults Who Have Hearing Loss

23. _____ is processed when propositions are pursued to natural conclusions, no matter how long the process may take.

ANSWER: Event-time

Chapter 02: Adults Who Have Hearing Loss

Matching

Match the following life stages to the events that they are associated with and to the impact on hearing loss.

a. young adulthood
b. the thirties
c. middle adulthood
d. the fifties
e. late adulthood

24. Reassessing life decisions

ANSWER: b

25. Career may be well established

ANSWER: d

26. Accepting financial responsibly for self

ANSWER: a

27. Hearing loss leads to self-doubt about finding a life partner

ANSWER: a

28. Noting clear signs of physical aging in self

ANSWER: c

29. Other problems related to aging are intensified due to the hearing loss

ANSWER: e

30. Time is available to pursue leisure activities

ANSWER: d

31. Hearing loss leads to uncertainty about achieving goals

ANSWER: c

32. Hearing loss may lead to considerations of early retirement

ANSWER: d

33. Developing intimate relationships with others

ANSWER: a

34. Hesitations about change arise due to the hearing loss

ANSWER: b

35. Reflection on life and its meaning begins

ANSWER: e

Chapter 02: Adults Who Have Hearing Loss

Match the six phases of the patient journey, as identified by Manchaiah, Stephens, & Meredith (2011) and Gregory (2012), with the following statements.

a. pre-awareness
b. awareness
c. movement
d. diagnosis
e. rehabilitation
f. resolution

36. The patient shifts towards a "tipping point" and decides to consult a hearing healthcare professional.

ANSWER: c

37. At this stage, many people succumb to anxiety, worrying about possible outcomes.

ANSWER: d

38. This phase is sometimes referred to as *postclinical*.

ANSWER: f

39. During this stage, family and friends may begin to notice that the patient is missing out on conversation.

ANSWER: a

40. This phase may extract psychological costs.

ANSWER: c

41. This phase is often not a discrete phase as some movement to and from the adjacent phases might occur.

ANSWER: e

42. The patient may occasionally feel bewildered or frustrated when trying to converse in noisy settings.

ANSWER: a

43. During this phase, a patient may self-test by twisting the radio volume up and down.

ANSWER: b

44. During this phase, a person may receive services such as counseling, hearing aids, a cochlear implant, and psychosocial support.

ANSWER: e

45. During this phase, an audiologist identifies and quantifies the hearing loss.

ANSWER: d

46. This is the time when patients adjust to the ramifications of hearing loss.

ANSWER: f

47. The advance to this stage may last anywhere from a few days to many years.

ANSWER: b

48. The patient may consult with the family doctor, talk to family and friends, search the web, and read articles about hearing, hearing loss, and hearing aids.

    ANSWER: c

49. During this phase, the patient's type and degree of hearing loss are determined and the extent to which social, vocational, and educational activities are affected.

    ANSWER: d

Objective Short Answer

50. What are the seven elements of patient-centered care, as identified by the Pickwick Institute?

    ANSWER: The seven elements of patient-centered care are:

    1. Effective treatment
    2. Patient involvement in decisions
    3. Respect for patients' decisions
    4. Clear and comprehensive information
    5. Empathy and emotional support
    6. Involvement of family and significant communication partners
    7. Continuity of care

51. What does the acronym TRIBUTE stand for?

    ANSWER: The acronym TRIBUTE stands for:

    - Treating each patient as having unique personal and hearing needs
    - Respecting cultural differences through both your verbal and nonverbal behaviors
    - Identifying the personality and learning preferences of each patient
    - Beginning by learning some basic information on cultural difference through formal learning in courses and worships, and supplementing this information with your own informal learning experiences in the workplace and in the community
    - Using language and cultural interpreters and translators to keep intended messages clear between you the patient
    - Telling your patients about their hearing loss and hearing needs in plain language, avoiding audiologic jargon
    - Explaining that adjusting to hearing loss is a family event and including family members whenever possible in the rehabilitation process

Subjective Short Answer

52. Define prevalence.

    ANSWER: Prevalence is the percentage of a population that experiences a particular health problem at a point in time.

Chapter 02: Adults Who Have Hearing Loss

53. List three psychological costs of seeking services and adjusting to hearing loss.

ANSWER: Any three of the following answers are acceptable:

- Acceptance within themselves that they have a hearing problem
- Anxiety that they may be getting old
- Awkwardness for having to ask for time away from work and having to explain the reason for the request
- Worry that the hearing aid may cost too much or that the audiologist will take advantage of them
- Fear that nothing can be done to alleviate the communication difficulties
- Embarrassment for entering a hearing clinic

54. What does a sales orientation to rehabilitation emphasize?

ANSWER: A sales orientation is based on persuasion. It emphasizes persuading the patient to pursue and purchase services, interventions, and listening devices.

55. List three of the life factors that can influence the impact of a hearing loss.

ANSWER: Any three of the following answers are acceptable:

- Self Home
- Work
- Recreation
- Community

56. What is the difference between an interpreter and a translator?

ANSWER: An interpreter is a person specially trained to translate oral and signed communications from one language to another.

A translator is a person specially trained to translate written text from one language to another.

57. Define sign interpreter.

ANSWER: A sign interpreter is a professional who translates the spoken signal into a form of signed English or American Sign Language or vice versa.

58. Define cultural and linguistic competence.

ANSWER: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective work in cross-cultural situations.

Chapter 02: Adults Who Have Hearing Loss

59. List the ten variables that can influence the design of a patient's aural rehabilitation plan.

ANSWER: Age Gender
Socioeconomic status
Stage of life
Race, ethnicity, and culture
Life factors
Deafness or hard of hearing level or type
Social, vocational, and home communication difficulties
Psychological well-being
Other hearing-related complaints

60. Define culture.

ANSWER: Culture is a conglomeration of the thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

61. List three illnesses associated with tinnitus.

ANSWER: The illnesses associated with tinnitus include:

1. Meniere's disease
2. Acoustic neuroma
3. Head and neck injuries, such as whiplash injury

62. Define dissonance theory and give an example.

ANSWER: Dissonance theory concerns situations in which one's selfperception does not coincide with reality.

Example: "I can't have a hearing loss, because I am young and in shape."

(Other valid examples are also acceptable.)

Essay

63. Describe the Deaf culture.

ANSWER: Answers should include the following key points:

- Individuals lost their hearing early in life.
- Members rely on sign language and face-to-face communication. (American Sign Language)
- Many believe they are culturally and linguistically distinct from the hearing society.
- They use a capital "D" for Deaf to describe their deafness.
- Membership is determined by one's selfidentification rather than by his or her hearing loss.
- Often they have limited speech production skills.
- They are free from many anxieties associated with fitting into the hearing world, because they stick together with each other.
- Some members fear that cochlear implants will put an end to their culture.

Chapter 02: Adults Who Have Hearing Loss

64. How can an individual's socioeconomic status affect the management of his or her hearing loss?

ANSWER: An individual's financial status can be a factor in determining the quality of available health care and the affordability of hearing aids and assistive listening devices. Individuals may have to settle for a hearing aid that is not appropriate or for just one hearing aid instead of two, because of their financial situation.

Educational history may determine how much an individual knows and understands about the anatomy of the ear and possible disorders. This would change the way hearing loss is discussed with the individual.

An individual's work schedule and level of employment can be a factor in attending aural rehabilitation classes. Some work schedules are not flexible and classes may not be possible.