THE PROOF SERIES

A PLAYFUL GUIDE TO HEARING AIDS

Hear Proof

Catch every word, join every conversation — in plain language, with big type and a few laughs.



John Marshall

PROUDLY CANADIAN



PROUDLY CANADIAN

FREE SAMPLE CHAPTER

By John Marshall

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LISTEN TO THE SIGNS

Is It You, or Is Everyone Mumbling?

Hearing loss rarely announces itself. It creeps in disguised as other people's faults: mumbling spouses, too-quiet TV, rude grandchildren. Here is how to tell the difference.

Count the whats › Watch the volume › Test the phone › Ask a friend

1. Notice the 'what?' count — Everyone misses a word now and then. But if 'what?' and 'pardon?' have become your most-used phrases — especially in noisy rooms — your ears are sending you a message.

2. Watch the volume creep — If the TV volume keeps climbing and family members wince when they walk in, the TV is not getting quieter. Gradual volume creep is the classic early sign.

3. Check phone struggles — Difficulty hearing on the phone — where you cannot lip-read or read faces — often shows up before face-to-face trouble. If callers sound muffled, take note.

4. Ask someone you trust — Ask a frank friend or family member: 'Have you noticed me missing things?' Others often spot hearing loss years before we admit it ourselves.

TALE

E STORY

When his wife accused him of selective hearing, Ray, 76, insisted the whole world had started mumbling.

The hearing test showed the world was fine. Ray got hearing aids and now hears the mumbling accusations clearly.

!

About one in three Canadians over 65 has significant hearing loss — and most wait years before doing anything about it. You are in enormous company.

Take care: Do not blame every misunderstanding on others. If several people in different settings all 'mumble', the common factor is worth investigating.

LISTEN TO THE SIGNS

The Social Withdrawal Trap

Miss enough punchlines at dinner parties and you stop going to dinner parties. Hearing loss shrinks social life quietly — and the loneliness that follows is a health risk of its own.

Spot the withdrawal › Know the risks › Speak up › Treat it medically

1. Recognize the pattern — Declining invitations, dreading restaurants, nodding along without understanding — these are not personality changes. They are coping strategies for hearing loss.

2. Know the stakes — Research links untreated hearing loss to faster cognitive decline, depression, and even fall risk. The ears and the brain are teammates; when one struggles, both suffer.

3. Tell people what helps — Say it plainly: 'I hear better when you face me and slow down a little.' Most people are relieved to know — they thought you were ignoring them.

4. Treat it as health, not vanity — Getting hearing help is like getting glasses: a health decision, not a fashion statement. Nobody admires your squinting; nobody will admire your straining.

TALE

E STORY

After years of skipping bridge club, Edna, 81, got hearing aids and returned to find she had been elected treasurer in absentia.

'I can hear the gossip again,' she says. 'All of it.'

!

Studies suggest treating hearing loss may slow cognitive decline — the brain stays busier when the ears keep delivering. Hearing aids are brain exercise equipment.

Take care: If you or a loved one has withdrawn socially and seems down, mention hearing at the next doctor visit. Depression and hearing loss feed each other.



LISTEN TO THE SIGNS

High Notes Go First

Age-related hearing loss almost always starts with high frequencies: birdsong, the microwave beep, children's voices, consonants like s, f, and th. You hear the vowels fine — which is why speech sounds loud but unclear.

Learn the pattern › Note missing sounds › Informal tests › It's normal

1. Understand the pattern — Speech has loud vowels (low pitch) and soft consonants (high pitch). Losing the highs means you hear 'I *a* *oing *o *e *ore' — volume without clarity.

2. Notice what's missing — Common early losses: birdsong in the morning, the turn-signal click, high voices on the phone, and the difference between 'fifty' and 'fifteen'.

3. Test yourself informally — Can you hear the microwave beep from the next room? A ticking watch held at arm's length? These are not diagnoses — but silence where beeps should be is data.

4. Know it's normal (and fixable) — High-frequency loss with age — presbycusis — is as normal as needing reading glasses. And like reading glasses, it has an excellent fix.

TALE

Marjorie, 79, realized she had not heard birdsong in years and assumed the birds had left.
The birds were there all along. Her new hearing aids brought back the dawn chorus.

! The tiny hair cells that detect high frequencies wear out first because they work the hardest — a lifetime of sound takes its toll from the top down.

Take care: Sudden hearing loss in one ear — over hours or days — is different from gradual aging. That needs same-week medical attention, not a wait-and-see.

LISTEN TO THE SIGNS

One Ear or Two? It Matters

Hearing loss is often worse in one ear — the 'phone ear' you favor, or the side that faced the factory floor for thirty years. Asymmetry changes both the diagnosis and the fix.

Test each ear › Notice direction trouble › Report asymmetry › Usually a pair

1. Test each ear separately — In a quiet room, cover one ear and listen to the TV or a ticking clock, then switch. A clear difference between ears is worth reporting — symmetry matters to specialists.

2. Notice the localization problem — Trouble telling where sounds come from — the doorbell, a calling voice, traffic — suggests the ears are no longer balanced. Two ears locate; one ear guesses.

3. Report asymmetry promptly — Loss much worse in one ear, especially if sudden, deserves a doctor's look. Most causes are benign (wax, infection), but the check matters.

4. Expect two aids usually — Even with one 'good' ear, most people do best with a pair — balanced hearing locates sound, handles noise, and keeps the weaker ear's brain pathways active.

TALE

E STORY

Left ear, right ear — Bill, 82, discovered his left was doing all the work.

'My right ear retired without telling me,' he says. Two hearing aids later, both ears are back on the payroll.

!

The brain compares tiny timing differences between ears to locate sound — even a small imbalance between ears degrades this more than you'd expect.

Take care: Never ignore sudden one-sided loss, loss with dizziness or vertigo, or loss with ear pain and discharge. Those are doctor-today symptoms.

LISTEN TO THE SIGNS

Tinnitus: The Uninvited Soundtrack

Ringing, buzzing, hissing, or humming with no outside source — tinnitus affects most people with hearing loss at least mildly. It is annoying, common, and usually manageable.

It's a symptom › Silence amplifies it › Report the details › Protect your ears

1. Know what it is — Tinnitus is your auditory system generating sound — often the brain 'turning up the gain' where hearing has faded. It is a symptom, not a disease, and usually not dangerous.

2. Note when it's worst — Tinnitus is loudest in silence — bedtime is prime time. Background sound (a fan, soft music, the radio) often masks it. Silence is tinnitus's favourite venue.

3. Mention it at your test — Tell the hearing professional about any ringing: which ear, what pitch, how long. Tinnitus details help shape the treatment plan — many hearing aids include masking features.

4. Protect what remains — Loud noise worsens both hearing loss and tinnitus. Around lawnmowers, power tools, or loud music: earplugs in. The ears you save are your own.

TALE

STORY

Convinced his house had an electrical hum, Frank, 78, called an electrician.

The electrician found nothing. The audiologist found tinnitus. 'Cheapest house call I ever made,' Frank laughs, 'was the wrong one.'

!

Hearing aids often reduce tinnitus simply by restoring real sound — the brain turns down its internal gain when actual sound returns.

Take care: Tinnitus that pulses with your heartbeat, affects only one ear suddenly, or comes with dizziness deserves a doctor's assessment — most tinnitus is benign, but these patterns need checking.

LISTEN TO THE SIGNS

Wax: The Simplest Fix of All

Before you assume you need hearing aids, consider the humble earwax plug. Impacted wax is one of the most common — and most easily fixed — causes of hearing trouble in seniors.

Suspect wax › Never dig › Soften with drops › Professional cleaning

1. Suspect wax first — Gradual muffled hearing, a feeling of fullness, or itching can all be wax. If hearing dropped noticeably over weeks rather than years, wax is a prime suspect.

2. Don't dig — Cotton swabs push wax deeper and can injure the eardrum. The old joke is true: nothing smaller than your elbow goes in your ear. Swabs are for the outer ear only.

3. Try softening drops — Over-the-counter carbamide peroxide drops soften wax over several days. Follow the package directions — and stop if you have ear pain, discharge, or a known eardrum perforation.

4. Get professional cleaning — Doctors and audiologists remove wax safely in minutes — with gentle irrigation or microsuction. Many people walk out hearing dramatically better. Best appointment of the year.

TALE

STORY

Sure she needed hearing aids, Agnes, 84, booked a test. The audiologist removed wax and said, 'Try that for a week.' Agnes heard the clock ticking that night for the first time in years. 'A miracle,' she says, 'costing one appointment.'

!

Hearing clinics check for wax before every hearing test — a wax plug can skew results by 20 decibels or more. Clean ears, honest test.

Take care: Do not use ear candles — they do not work and can burn you. Do not irrigate if you have ear tubes, a perforated eardrum, or diabetes-related ear issues without medical guidance.

LISTEN TO THE SIGNS

The Family Hearing Summit

Hearing loss is a family affair — everyone within earshot is affected. A short, honest family conversation beats years of shouting, repeating, and simmering frustration.

Say it plainly › Teach techniques › Agree on signals › Share the plan

1. Call the meeting — Gather the household and say it plainly: 'My hearing isn't what it was, and I'm doing something about it. Here's how you can help in the meantime.'

2. Teach the helpers — Face me when you talk. Get my attention first. Slow down slightly — don't shout. Rephrase rather than repeat the same mumbled words louder.

3. Agree on signals — A hand wave before speaking, a tap on the table to get attention, captions on the TV by default — small agreements that end daily friction.

4. Share the plan — Tell them you're getting tested, trying aids, or adjusting. When family sees action, patience returns — nagging stops and teamwork starts.

TALE

E STORY

The Hendersons held their summit over pie.

Granddaughter Mia, 9, appointed herself 'hearing helper' and now taps Grandpa's arm before speaking. 'Best employee I ever hired,' he says. 'Works for pie.'

!

Shouting distorts speech — loud voices lose the very consonants you need. Slower, clearer, and face-to-face beats louder every time.

Take care: Do not let family 'translate' the world for you indefinitely — well-meaning intermediaries delay treatment and shrink your independence. The summit is a bridge, not a permanent arrangement.

LISTEN TO THE SIGNS

Denial: The Longest Stage

The average person waits seven years between noticing hearing loss and doing something about it. Seven years of missed punchlines, strained conversations, and unnecessary isolation. Let's shorten that.

Name excuses › Reframe aging › Count waiting's cost › Book the test

1. Name the excuses — 'My hearing is fine for my age.' 'Aids are for old people.' 'They're too expensive.' 'They won't help anyway.' Every excuse has an answer — and this book has them all.

2. Reframe the age thing — Needing hearing help at 75 is like needing reading glasses at 50 — biology, not character. The 'old people' wearing aids are simply the smart ones.

3. Consider the cost of waiting — Seven years of strained relationships, missed warnings (smoke alarms! traffic!), and cognitive load cost more than any hearing aid. Waiting is the expensive option.

4. Take one small step — Book a hearing test. That's it — just the test. No commitment to buy anything. Information first, decisions later. The test takes an hour; denial takes years.

TALE

E STORY

After seven years of 'my hearing is fine', George, 80, finally got tested at his wife's ultimatum.

His only regret: 'I should have done it when I first noticed. I missed seven years of my grandkids' high voices.'

!

Modern hearing aids are nearly invisible — the old beige banana behind the ear is mostly history. What people notice is you rejoining conversations, not the device.

Take care: Beware 'miracle cure' ads promising restored hearing from drops, supplements, or devices with no professional fitting. If it sounds too good to be true, it is.

BOOK THE TEST

Where to Get Tested in Canada

Hearing tests are widely available across Canada — at audiology clinics, some Costco hearing centres, and occasionally through community health programs. Here's how to find a good one.

See your doctor › Find licensed pros › Compare offers › Reject pressure

1. Start with your doctor — Mention hearing trouble at your next appointment. Your doctor can rule out medical causes (infection, wax, medications) and refer you to an audiologist — referrals sometimes speed things up.

2. Find an audiologist — Audiologists are university-trained hearing professionals regulated by provincial colleges. Search your provincial college's directory for 'find an audiologist' — it lists licensed practitioners near you.

3. Compare test offers — Many clinics offer free hearing tests; some charge a fee credited toward purchase. Ask what's included: a free screening is brief, a full diagnostic test takes about an hour.

4. Avoid the hard sell — A good clinic tests first and discusses options without pressure. If the 'free test' feels like a timeshare presentation, walk out — your ears deserve better.

TALE

E STORY

Suspicious of a kiosk's 'free test', Helen, 77, went to a proper clinic instead.

The audiologist found her loss was mild and said, 'You don't need aids yet — come back yearly.' Honesty earned a customer for life.

!

In some provinces, hearing tests by audiologists are partially covered by health plans or programs for seniors — ask the clinic what coverage applies before you book.

Take care: Mall-kiosk 'hearing tests' that exist mainly to sell one brand of device are screenings, not diagnostics. A real test happens in a sound-treated booth with calibrated equipment.

BOOK THE TEST

What Happens in the Booth

The hearing test booth looks like a small recording studio. You wear headphones, raise a hand or press a button when you hear beeps. It is painless, a little boring, and over in about an hour.

Beeps › Words › Bone conduction › Keep the audiogram

1. Expect the beep test — Pure-tone testing: beeps at different pitches, softer and softer, in each ear. You signal when you hear one. There are no trick questions — just press when you hear it.

2. Do the word test — You'll repeat back words at various volumes ('say the word baseball'). This measures clarity, not just volume — the 'I hear but don't understand' part.

3. Try the bone conduction part — A small vibrating device behind your ear tests your inner ear directly, bypassing the middle ear. It feels like a faint buzz — odd but painless.

4. Get your audiogram — The results plot on an audiogram — a graph of your hearing by pitch. Ask for a copy and an explanation in plain words. It's your hearing's report card; keep it.

TALE

E STORY

Nervous about the booth, Walter, 79, treated it like a game show.

'I kept waiting for the bonus round,' he says. The audiologist laughed: 'The bonus round is hearing your wife clearly. That comes later.'

!

Do not 'try hard' to hear beeps you are unsure about — guessing skews the results. The test needs your honest threshold, not your hopeful one.

Take care: Avoid loud noise for 12–24 hours before the test (no lawnmowing, no concerts). Recent noise exposure can temporarily worsen results.

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