

Companion Questionnaire



Name _____ Patient Name _____

Relation to Patient _____ Date _____

Many of our patients describe hearing loss as the perception of Sound Voids® (a moment of loss of clarity or understanding) that affect not only their normal daily routines but the lives of those around them. We would like to you to answer a few situational questions that will help us understand how you perceive your companion's hearing/ communication difficulties.

How often does a hearing problem...

	Frequently	Sometimes	Rarely
Make it difficult for your companion to converse on the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause you to complain that your companion turns up the television or radio too loud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have difficulty following conversations in a restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit or hamper your companion's personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have to ask people to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have difficulty hearing when in the presence of background noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have difficulty hearing women's or children's voices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to hear people speak but fail to understand what they are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to feel as though others mumble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to feel stressed or tired when listening for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the top three listening situations where you would like your companion to hear better.

1. _____
2. _____
3. _____

Please select your companion's current and (if different) desired lifestyles.

Active Lifestyle (Frequent Background Noise)

- Current Desired

Quiet Lifestyle (Limited Background Noise)

- Current Desired

Casual Lifestyle (Occasional Background Noise)

- Current Desired

Very Quiet Lifestyle (Rare Background Noise)

- Current Desired