

# Companion Questionnaire

Name \_\_\_\_\_ Patient Name \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Date \_\_\_\_\_

In our professional experience, we have found that many of our patients describe hearing loss as the perception of Sound Voids™ that affect not only their normal daily routines but the lives of those around them. We would like to ask you a few situational questions to better understand your companion's listening lifestyle and how we might improve their quality of life.

## Does a hearing problem...

	ALWAYS	SOMETIMES	NEVER
Make it difficult for your companion to converse on the telephone?	A	S	N
Cause you to complain that your companion turns up the television or radio too loud?	A	S	N
Cause your companion to have difficulty following conversations in a restaurant?	A	S	N
Limit or hamper your companion's personal or social life?	A	S	N
Cause your companion to have to ask people to repeat themselves?	A	S	N
Cause your companion to have difficulty hearing when in the presence of background noise?	A	S	N
Cause your companion to have difficulty hearing women's or children's voices?	A	S	N
Cause your companion to hear people speak but fail to understand what they are saying?	A	S	N
Cause your companion to feel as though others mumble?	A	S	N
Cause your companion to feel stressed or tired when listening for long periods of time?	A	S	N

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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If your companion does not currently use technology, please skip this section.

## My companion's current technology performance is satisfactory...

	ALWAYS	SOMETIMES	NEVER
1. While in background noise	A	S	N
2. In the car	A	S	N
3. On the phone	A	S	N
4. In a conference room	A	S	N
5. In a restaurant	A	S	N
6. While listening to music	A	S	N
7. While watching TV	A	S	N
8. In group conversations	A	S	N
9. In conversations with their spouse	A	S	N
10. In conversations with women or children	A	S	N

Additional Comments \_\_\_\_\_

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