



**Companion Questionnaire**

Name: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_

Is it difficult for your companion to understand others on the telephone? YES NO

Is it difficult for your companion to hear the television or radio? YES NO

Does your companion have difficulty understanding what is being said in noisy places? YES NO

Does your companion’s hearing problem hamper your personal or social life? YES NO

Does your companion hear people speak but fail to understand what they are saying? YES NO

How long have you noticed your companion’s hearing problem? \_\_\_\_\_

If hearing instruments were recommended to your companion, which is most important to you?

Cost    Cosmetics    Clarity

Which most accurately describes your companion’s lifestyle:

ACTIVE LIFESTYLE (FREQUENT BACKGROUND NOISE)

CASUAL LIFESTYLE (OCCASIONAL BACKGROUND NOISE)

QUIET LIFESTYLE (LIMITED BACKGROUND NOISE)

VERY QUIET LIFESTYLE (RARE BACKGROUND NOISE)

Is there anything about your companion that you would like us to know?

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