



Companion Questionnaire

Name _____ Patient Name _____

Relation to Patient _____ Date _____

Hearing loss affects not only your normal daily routine, but the lives of those around you, as well. We would like to ask you a few 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? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause you to complain that your companion turns up the TV or radio too loud? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to have difficulty following conversations in a restaurant? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Limit or hamper your companion's personal or social life? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to have to ask people to repeat themselves? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to have difficulty hearing when in the presence of background noise? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to have difficulty hearing women's or children's voices? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to hear people speak, but fail to understand what they are saying? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to feel as though others mumble? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| Cause your companion to feel stressed or tired when listening for long periods of time? | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |

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:

- | | |
|---|---|
| Dynamic Lifestyle (Frequent Background Noise) | Active Lifestyle (Occasional Background Noise) |
| <input type="checkbox"/> Current <input type="checkbox"/> Desired | <input type="checkbox"/> Current <input type="checkbox"/> Desired |
| Quiet Lifestyle (Limited Background Noise) | Private Quiet Lifestyle (Rare Background Noise) |
| <input type="checkbox"/> Current <input type="checkbox"/> Desired | <input type="checkbox"/> Current <input type="checkbox"/> Desired |

My companion's current technology performance is satisfactory:

Always Sometimes Never

- | | | | |
|------------------------------------|----------------------------|----------------------------|----------------------------|
| While in background noise | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| At religious services | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| At the movies | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| In the car | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| On the phone | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| In a conference room | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| In a restaurant | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| While listening to music | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| While watching TV | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| In group conversations | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| In conversations with their spouse | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |
| In conversations with children | <input type="checkbox"/> A | <input type="checkbox"/> S | <input type="checkbox"/> N |

Additional Comments _____

