

# 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.

## How often does a hearing problem...

	Always	Sometimes	Never
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

