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?	☐	☐	☐
Cause you to complain that your companion turns up the television or radio too loud?	☐	☐	☐
Cause your companion to have difficulty following conversations in a restaurant?	☐	☐	☐
Limit or hamper your companion's personal or social life?	☐	☐	☐
Cause your companion to have to ask people to repeat themselves?	☐	☐	☐
Cause your companion to have difficulty hearing when in the presence of background noise?	☐	☐	☐
Cause your companion to have difficulty hearing women's or children's voices?	☐	☐	☐
Cause your companion to hear people speak but fail to understand what they are saying?	☐	☐	☐
Cause your companion to feel as though others mumble?	☐	☐	☐
Cause your companion to feel stressed or tired when listening for long periods of time?	☐	☐	☐

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

Casual Lifestyle (Occasional Background Noise)
☐ Current ☐ Desired

Quiet Lifestyle (Limited Background Noise)
☐ Current ☐ Desired

Very Quiet Lifestyle (Rare Background Noise)
☐ Current ☐ Desired

Companion Questionnaire

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

My companion has difficulty hearing when using technology...

	Always	Sometimes	Never	N/A
1. While in background noise	☐	☐	☐	☐
2. In the car	☐	☐	☐	☐
3. On the phone	☐	☐	☐	☐
4. In a conference room	☐	☐	☐	☐
5. In a restaurant	☐	☐	☐	☐
6. While listening to music	☐	☐	☐	☐
7. While watching TV	☐	☐	☐	☐
8. In group conversations	☐	☐	☐	☐
9. In conversations with their spouse or family	☐	☐	☐	☐
10. In conversations with women or children	☐	☐	☐	☐

Additional comments _____