

# COMPANION QUESTIONNAIRE



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

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

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

Date: \_\_\_\_\_

In our professional experience, we have found that hearing loss affects more than just the person experiencing it—it affects their loved ones too. We would like to ask you a few situational questions to better understand your companion’s listening habits and how we can improve their quality of life.

ALWAYS  
SOMETIMES  
NEVER

## How often does a hearing problem...

- Make it difficult for your companion to talk 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 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 fail to understand what people are saying even when they can hear them?
- Cause your companion to claim that others mumble?
- Cause your companion to appear 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

