

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

