



Companion Questionnaire

Current Hearing Technology Users

Patient Name: _____ Date: _____

Companion Name: _____ Relationship to Patient: _____

In our professional experience, we have found that hearing loss not only affects the normal daily routines of our patients, but also the lives of those around them. We would like to ask you a few situational questions to better understand your companion's listening lifestyle while wearing hearing technology and how we might improve their quality of life.

	Frequently	Sometimes	Rarely
When your companion is using the telephone, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is watching television, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is in restaurants, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your companion's social or personal life, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During conversations with your companion, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is in the presence of background noise, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is listening to women's or children's voices, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your companion's hearing technology performance satisfactory in improving their understanding of what others are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your companion's hearing technology performance satisfactory in reducing their feelings that other people are mumbling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your companion's hearing technology performance satisfactory in reducing their feelings of being stressed or tired after 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.

- | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Driving | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Family | <input type="checkbox"/> Religious | <input type="checkbox"/> Television |
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Music | <input type="checkbox"/> Social | Other: _____ |

Please Select your companion's current and 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