

COMPANION QUESTIONNAIRE ~ ~ ***NOT to be completed by the Patient

Your Name: _____
 Relation to Patient: _____

Patient's Name: _____
 Today's Date: _____

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 Frequently do you notice your companion is experiencing:	Frequently	Occasionally	Rarely
Difficulty hearing on the telephone?	F	O	R
The need to turn up the TV or radio too loudly?	F	O	R
Difficulty following conversations in a restaurant?	F	O	R
Limitations to their personal or social life?	F	O	R
The need to ask others to repeat themselves?	F	O	R
Difficulty hearing when in the presence of background noise?	F	O	R
Difficulty hearing women's or children's voices?	F	O	R
Hearing people speak, but failing to understand what they are saying?	F	O	R
The sense that others are mumbling?	F	O	R
Stress or fatigue when listening for long periods of time?	F	O	R

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 lifestyle (choose one): * see reverse for descriptions

- Active (frequent background noise)
 Casual (occasional background noise)
 Quiet (limited background noise)
 Very Quiet (rare background noise)

Do you expect your companion's lifestyle to change in the near future?

- No
 Yes - How so? _____

If your companion could hear better, which lifestyle would he/she live? Same as above

- Active (frequent background noise)
 Casual (occasional background noise)
 Quiet (limited background noise)
 Very Quiet (rare background noise)

COMPANION QUESTIONNAIRE

<p style="text-align: center;">Active</p> <p>Frequent Background Noise</p>	<ul style="list-style-type: none"> • Active cell phone use • Airports or travel • All television • Concerts and musical events • Demanding communications requirements 	<ul style="list-style-type: none"> • Diverse restaurant environments • Family gatherings • Frequent driving • Group meetings or classrooms • Movies at the theater • Noisy work environments 	<ul style="list-style-type: none"> • Outdoor events • Parties or social events • Religious services and activities • Shopping malls • Volunteer activities
<p style="text-align: center;">Casual</p> <p>Occasional Background Noise</p>	<ul style="list-style-type: none"> • Home movies • Moderate communications requirements • Most television • Occasional driving • Occasional telephone use • Quiet restaurants 	<ul style="list-style-type: none"> • Quiet shops • Quiet work environments • Recorded music • Small family groups • Small meetings • Weekly religious services 	
<p style="text-align: center;">Quiet</p> <p>Limited Background Noise</p>	<ul style="list-style-type: none"> • Limited music • Limited religious services • Limited shopping • Limited telephone use • Occasional television • One on One conversations • Visitors 		
<p style="text-align: center;">Very quiet</p> <p>Rare Background Noise</p>	<ul style="list-style-type: none"> • Infrequent television • Limited visitors • Rare telephone use • Small religious services 		