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, moments lacking clarity in hearing or understanding. This affects 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.

	Frequently	Sometimes	Rarely
When your companion is using the telephone, how often are they experiencing Sound Voids?	☐	☐	☐
When your companion is watching television, how often are they experiencing Sound Voids?	☐	☐	☐
When your companion is in restaurants, how often are they experiencing Sound Voids?	☐	☐	☐
How often are Sound Voids limiting or hampering your companion's social or personal life?	☐	☐	☐
How often do Sound Voids cause your companion to ask someone to repeat themselves?	☐	☐	☐
When your companion is in the presence of background noise, how often are they experiencing Sound Voids?	☐	☐	☐
When your companion is listening to women's or children's voices, how often are they experiencing Sound Voids?	☐	☐	☐
How often are Sound Voids causing your companion to hear people speak but not understand what they are saying?	☐	☐	☐
How often are Sound Voids causing your companion to feel that other people are mumbling?	☐	☐	☐
How often are Sound Voids causing your companion to feel stressed or tired after listening for long periods of time?	☐	☐	☐

Please provide the top three listening situations where you would like your companion to hear better.

☐ Driving ☐ Outdoors ☐ Telephone ☐ Family
☐ Religious ☐ Television ☐ Meetings ☐ Restaurant
☐ Travel ☐ Music ☐ Social ☐ Other: _____

Please select your companion's current and desired hearing 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
Current Hearing Technology Users

SOUTHSOUND AUDIOLOGY

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, moments lacking clarity in hearing or understanding. This affects 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 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?	☐	☐	☐
When your companion is watching television, how often is their hearing technology performance satisfactory?	☐	☐	☐
When your companion is in restaurants, how often is their hearing technology performance satisfactory?	☐	☐	☐
In your companion's social or personal life, how often is their hearing technology performance satisfactory?	☐	☐	☐
During conversations with your companion, how often is their hearing technology performance satisfactory?	☐	☐	☐
When your companion is in the presence of background noise, how often is their hearing technology performance satisfactory?	☐	☐	☐
When your companion is listening to women's or children's voices, how often is their hearing technology performance satisfactory?	☐	☐	☐
How often is your companion's hearing technology performance satisfactory in improving their understanding of what others are saying?	☐	☐	☐
How often is your companion's hearing technology performance satisfactory in reducing their feeling that other people are mumbling?	☐	☐	☐
How often is your companion's hearing technology performance satisfactory in reducing their feeling of being stressed or tired after listening for long periods of time?	☐	☐	☐

Please provide the top three listening situations where you would like your companion to hear better.

☐ Driving ☐ Outdoors ☐ Telephone ☐ Family
☐ Religious ☐ Television ☐ Meetings ☐ Restaurant
☐ Travel ☐ Music ☐ Social ☐ Other: _____

Please select your companion's current and desired hearing 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