

# Lafayette Hearing Center

765-448-6226 (phone) • 765-448-9416 (fax)

## Companion Questionnaire

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

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

In our professional experience, we have found many of our patients describe hearing loss as the perception of Sound Voids™ that affect 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.

Does a hearing problem...	Always	Sometimes	Never
Cause your companion to feel embarrassed or uncomfortable when meeting new people?	1	2	3
Cause your companion to feel frustrated when talking to members of their family?	1	2	3
Make it difficult for your companion to converse on the telephone?	1	2	3
Cause your companion difficulty following conversations in a restaurant?	1	2	3
Cause your companion to have difficulty hearing in the presence of background noise?	1	2	3
Cause your companion to have difficulty hearing women's or children's voices?	1	2	3
Cause your companion to feel as though others mumble?	1	2	3
Cause your companion to attend religious or social functions less than they would like?	1	2	3
Cause your companion to have arguments with family or friends?	1	2	3
Cause your companion to feels stressed or tired when listening for long periods of time?	1	2	3
Cause others to complain that your companion turns up the TV or radio too loud?	1	2	3
Limit or hamper your companion's personal or social life?	1	2	3
Cause your companion to hear people speak but fail to understand what they are saying?	1	2	3

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\* If your companion does not currently use hearing technology, please skip to the next section

**My companion's current technology performance is satisfactory...**

	Always	Sometimes	Never
While in background noise	1	2	3
At religious services	1	2	3
At the movies	1	2	3
In a car	1	2	3
On the phone	1	2	3
In a conference room	1	2	3
In a restaurant	1	2	3
While listening to music	1	2	3
While watching TV	1	2	3
In group conversations	1	2	3
In conversations with spouse	1	2	3
In conversations with children	1	2	3

**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 and if different, please identify the desired lifestyle:**

<p><b>Active Lifestyle (Frequent background noise)</b>  <input type="checkbox"/> Current   <input type="checkbox"/> Desired</p> <ul style="list-style-type: none"> <li>Meetings, group activities, shopping malls, family gatherings, diverse restaurants, demanding career, sporting events, all TV, driving</li> </ul>	<p><b>Casual Lifestyle (Occasional background noise)</b>  <input type="checkbox"/> Current   <input type="checkbox"/> Desired</p> <ul style="list-style-type: none"> <li>Small meetings, small family groups, small shops, most television, quiet restaurants, religious services, driving</li> </ul>
<p><b>Quiet Lifestyle (Limited background noise)</b>  <input type="checkbox"/> Current   <input type="checkbox"/> Desired</p> <ul style="list-style-type: none"> <li>One-on-one conversations, visitors, religious services, quiet shops, some TV</li> </ul>	<p><b>Very Quiet Lifestyle (Rare background noise)</b>  <input type="checkbox"/> Current   <input type="checkbox"/> Desired</p> <ul style="list-style-type: none"> <li>Limited visitors, small religious services, limited TV</li> </ul>

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