



AUDIOLOGY ASSOCIATES

hear today, hear tomorrow

Companion Questionnaire

Patient Name:	DOB:
Companion Name:	Relation:

Please answer the following regarding your Companion:

****SECTION 1- Complete if Companion DOES NOT have HEARING AIDS**

Does a hearing problem....	Always	Sometimes	Never
Make it difficult for your companion to converse on the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause you to complain that your companion turns of the volume on TV or radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have difficulty following conversations in restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit or hamper your companions personal or social life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to ask other to repeat themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion difficulty hearing in the presence of background noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have difficulty hearing women's or children's voices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to hear people speak, but fail to comprehend what they are saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to feel as though other mumble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to feel stressed or tired when listening for long periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the top 3 listening situations where you would like your companion to hear better?

1	2	3
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****SECTION 2- Complete if Companion DOES have HEARING AIDS**

My companion's current technology performance is satisfactory....	Always	Sometimes	Never
While is background noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a conference room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In group conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conversations with their spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conversations with women or children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>