

Lafayette Hearing Center

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

Companion Questionnaire

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:	Frequently	Sometimes	Rarely
1. Make it hard for your companion to talk on the phone?	1	2	3
2. Cause others to complain that your companion has the TV or radio too loud?	1	2	3
3. Make it hard for your companion to follow a conversation in a restaurant?	1	2	3
4. Limit or hamper your companion's personal or social life?	1	2	3
5. Cause your companion to have to ask people to repeat themselves?	1	2	3
6. Cause your companion to have difficulty hearing in background noise?	1	2	3
7. Cause your companion to have more trouble hearing women or children?	1	2	3
8. Cause your companion to hear people speak but fail to understand what they are saying?	1	2	3
9. Cause your companion to feel like everyone mumbles?	1	2	3
10. Cause your companion to feel stressed or tired when listening for a long time?	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...

	Frequently	Sometimes	Rarely
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. _____

Office notes:
