

COMPANION QUESTIONNAIRE



Your Name: _____ Date: _____

Patient Name: _____ Relation to Patient: _____

Family and friends are often times the first to notice a change in a loved ones hearing. Please take a minute to answer the questions below, so we have a better understanding of how hearing loss is affecting your loved one's.

My Companion:

- | | | | | |
|-----|---|---------------|------------------|--------------|
| 1. | Has a problem hearing over the telephone. | ALWAYS | SOMETIMES | NEVER |
| 2. | Has trouble following the conversation when two or more people are talking at the same time. | ALWAYS | SOMETIMES | NEVER |
| 3. | Often turns the TV volume too high. | ALWAYS | SOMETIMES | NEVER |
| 4. | Has trouble hearing conversations in a noisy environment; such as a party or in a restaurant. | ALWAYS | SOMETIMES | NEVER |
| 5. | Is constantly asking people to repeat themselves. | ALWAYS | SOMETIMES | NEVER |
| 6. | Has trouble hearing the voices of women or children. | ALWAYS | SOMETIMES | NEVER |
| 7. | Has worked in noisy environments (near assembly lines, jackhammers, jet engines, etc.). | ALWAYS | SOMETIMES | NEVER |
| 8. | Often complains that people mumble. | ALWAYS | SOMETIMES | NEVER |
| 9. | Often avoids social activities because they cannot hear. | ALWAYS | SOMETIMES | NEVER |
| 10. | Can hear but cannot understand. | ALWAYS | SOMETIMES | NEVER |

Please list the top three reasons why you would like your companion to hear better:
