

Companion Questionnaire

a member of **AUDIGY GROUP**^{LLC}

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 to ask people to repeat themselves?	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 feel stressed or tired when listening for long periods of time?	1	2	3
Cause others to complain that your companion turns up the television 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 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 the 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.

- Active Lifestyle** (Frequent Background Noise) **Casual Lifestyle** (Occasional Background Noise)
- Quiet Lifestyle** (Limited Background Noise) **Very Quiet Lifestyle** (Rare Background Noise)