heidi's hearing
AUDIOLOGY | HEARING AIDS | ASSISTIVE DEVICES

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COMPANION QUESTIONNAIRE

Name_____Patient's Name_____

Relation to Patient_____Today's Date_____

LIFESTYLE

DOES A HEARING PROBLEM...	Always	Sometimes	Never
Make it difficult for your companion to converse on the telephone?	☐	☐	☐
Cause others to complain that they turn up the television or radio too loud?	☐	☐	☐
Cause them difficulty following conversation at a restaurant?	☐	☐	☐
Limit or hamper their personal or social life?	☐	☐	☐
Cause them to have to ask people to repeat themselves?	☐	☐	☐
Cause them difficulty hearing when you are in the presence of background noise?	☐	☐	☐
Cause them to have difficulty hearing women's or children's voices?	☐	☐	☐
Cause them to hear people speak but fail to understand what they are saying?	☐	☐	☐
Cause them to feel as though others mumble?	☐	☐	☐
Cause them to feel stressed or tired when listening for long periods of time?	☐	☐	☐

PLEASE SELECT THEIR CURRENT AND (IF DIFFERENT) DESIRED LIFESTYLE

Dynamic Lifestyle (Frequent Background Noise)	Current ☐	Desired ☐
Active Lifestyle (Limited Background Noise)	Current ☐	Desired ☐
Social Lifestyle (Occasional Background Noise)	Current ☐	Desired ☐
Quiet Lifestyle (Rare Background Noise)	Current ☐	Desired ☐

LISTENING ENVIRONMENT

Check activities they currently participate in:

☐ Work/Office	☐ Watching TV	☐ Talking in groups
☐ Outdoors	☐ On the phone	☐ Crowded/noisy places
☐ Concerts	☐ Business meetings	☐ Conversations with soft voices
☐ Lectures	☐ Exercise activities	☐ Place of worship

Please tell us where you would like your companion to hear better:

1. _____
2. _____
3. _____

IF AMPLIFICATION IS DEEMED NECESSARY, PLEASE CHECK WHAT IS MOST IMPORTANT TO YOU AND YOUR COMPANION

☐ Discreet design

☐ Ease of use

☐ Minimal amount of maintenance
(i.e; change battery, change programs, cleaning)

☐ Expense

☐ Ability to wear in most situations
(i.e; theaters, movies, on the phone, during exercise)

COMPANION QUESTIONNAIRE

If your companion does not currently use hearing instruments, please skip this section

MY COMPANION'S CURRENT TECHNOLOGY LEVEL IS SATISFACTORY...	Always	Sometimes	Never
While in background noise	☐	☐	☐
In the car	☐	☐	☐
On the phone	☐	☐	☐
In a conference room	☐	☐	☐
In a restaurant	☐	☐	☐
While listening to music	☐	☐	☐
While watching TV	☐	☐	☐
In group conversations	☐	☐	☐
In conversations with their spouse	☐	☐	☐
In conversations with women and children	☐	☐	☐