

# Companion Questionnaire

HIGHLINE  
Hearing Professionals

Patient Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Date \_\_\_\_\_

In our professional experience, we have found that many of our patients describe hearing loss as the perception of Sound Voids, moments lacking clarity in hearing or understanding. This affects 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

Make it difficult for your companion to converse on the telephone?

Cause you to complain that your companion turns up the television or radio too loud?

Cause your companion to have difficulty following conversations in a restaurant?

Limit or hamper your companion's personal or social life?

Cause your companion to have to ask people to repeat themselves?

Cause your companion to have difficulty hearing when background noise is present?

Cause your companion to have difficulty hearing women's or children's voices?

Cause your companion to hear people speak, but fail to understand what they are saying?

Cause your companion to feel as though others mumble?

Cause your companion to feel stressed or tired when listening for long periods of time?

## Please provide the top three listening situations where you would like your companion to hear better.

- |                                |                                  |                                   |
|--------------------------------|----------------------------------|-----------------------------------|
| <input type="radio"/> Driving  | <input type="radio"/> Outdoors   | <input type="radio"/> Telephone   |
| <input type="radio"/> Family   | <input type="radio"/> Religious  | <input type="radio"/> Television  |
| <input type="radio"/> Meetings | <input type="radio"/> Restaurant | <input type="radio"/> Travel      |
| <input type="radio"/> Music    | <input type="radio"/> Social     | <input type="radio"/> Other _____ |

## Please select your companion's current and desired hearing lifestyles.

Active Lifestyle (Frequent Background Noise)

Current  Desired

Casual Lifestyle (Occasional Background Noise)

Current  Desired

Quiet Lifestyle (Limited Background Noise)

Current  Desired

Very Quiet Lifestyle (Rare Background Noise)

Current  Desired

# Companion Questionnaire

## Current Hearing Technology Users

HIGHLINE  
Hearing Professionals

Patient Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Date \_\_\_\_\_

In our professional experience, we have found that many of our patients describe hearing loss as the perception of Sound Voids, moments lacking clarity in hearing or understanding. This affects 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 while wearing hearing technology and how we might improve their quality of life.

	Frequently	Sometimes	Rarely
When your companion is using the telephone, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is watching television, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is in restaurants, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your companion's social or personal life, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During conversations with your companion, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is in the presence of background noise, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is listening to women's or children's voices, how often is their hearing technology performance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your companion's hearing technology performance satisfactory in improving their understanding of what others are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your companion's hearing technology performance satisfactory in reducing their feeling that other people are mumbling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often is your companion's hearing technology performance satisfactory in reducing their feeling of being stressed or tired after listening for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Please provide the top three listening situations where you would like your companion to hear better.

- |                                |                                  |                                   |
|--------------------------------|----------------------------------|-----------------------------------|
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### Please select your companion's current and desired hearing lifestyles.

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Current  Desired

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Current  Desired

#### Quiet Lifestyle (Limited Background Noise)

Current  Desired

#### Very Quiet Lifestyle (Rare Background Noise)

Current  Desired