



Companion Questionnaire

GENERAL INFORMATION

Your name

Relation to patient

Patient name

Date

In our professional experience, we find many of our patients experience Sound Voids, moments lacking clarity in hearing or understanding. This affects not only their normal daily routines but the lives of those around them. Please answer the following questions to help provide perspective on how often your companion is experiencing Sound Voids.

SITUATIONAL QUESTIONS

	FREQUENTLY	SOMETIMES	RARELY
When your companion is using the telephone, how often are they experiencing Sound Voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is watching television, how often are they experiencing Sound Voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is in restaurants, how often are they experiencing Sound Voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are Sound Voids limiting or hampering your companion's social or personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do Sound Voids cause your companion to ask someone to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is in the presence of background noise, how often are they experiencing Sound Voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When your companion is listening to women's or children's voices, how often are they experiencing Sound Voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are Sound Voids causing your companion to hear people speak but not understand what they are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are Sound Voids causing your companion to feel that other people are mumbling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are Sound Voids causing your companion to feel stressed or tired after listening for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOP THREE LISTENING SITUATIONS

Please rank the top three situations where you would like your companion to hear better (1, 2, 3).

<input type="text"/>  Driving	<input type="text"/>  Family	<input type="text"/>  Meetings
<input type="text"/>  Music	<input type="text"/>  Restaurants	<input type="text"/>  Religious
<input type="text"/>  Social	<input type="text"/>  Telephone	<input type="text"/>  Television
<input type="text"/>  Travel	<input type="text"/>  Outdoors	<input type="text"/>  Other: _____

Please select the current listening lifestyle for your companion for their hearing today. Please select the desired listening lifestyle for your companion if they were able to hear better.

LISTENING LIFESTYLES

	CURRENT	DESIRED
Active Listening Lifestyle (frequent background noise)	<input type="checkbox"/>	<input type="checkbox"/>
Casual Listening Lifestyle (occasional background noise)	<input type="checkbox"/>	<input type="checkbox"/>
Quiet Listening Lifestyle (limited background noise)	<input type="checkbox"/>	<input type="checkbox"/>
Very Quiet Listening Lifestyle (rare background noise)	<input type="checkbox"/>	<input type="checkbox"/>