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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 |  |  |  |