Companion Questionnaire

a member of AUDIGY GROUP.

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? 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? 2 3 Cause your companion difficulty following conversations in a restaurant? 2 3 Cause your companion to have to ask people to repeat themselves? 3 Cause your companion to have difficulty hearing in the presence of background noise? 2 3 Cause your companion to have difficulty hearing women's or children's voices? 3 Cause your companion to feel as though others mumble? 2 3 Cause your companion to attend religious or social functions less than they would like? 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? 2 3 Cause others to complain that your companion turns up the television or radio too loud? 2 3 Limit or hamper your companion's personal or social life? 2 3 1 Cause your companion to hear people speak but fail to understand what they are saying? 3

*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 their spouse	1	2	3
In conversations with children	1	2	3

Please provide the top three listening situ	uations where vou would like v	our companion to hear better:
---	--------------------------------	-------------------------------

1.	
2.	
3.	
٠.	

Please select	your companion	's curren	t lifesty	yle:
---------------	----------------	-----------	-----------	------

Active Lifestyle (Frequent Background Noise)	☐ Casual Lifestyle (Occasional Background Nois
Quiet Lifestyle (Limited Background Noise)	Very Quiet Lifestyle (Rare Background Noise)