

**SHOW LOW**

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**SAFFORD**

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**Jeffrey Moore**  
Au.D., Doctor of Audiology

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# Companion Questionnaire

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

Relation to Patient: \_\_\_\_\_ Today's 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 do any of the following:

	Always	Sometimes	Never
Make it difficult for your companion to converse on the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause you or others to complain that your companion turns up the television or radio too loud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion difficulty following conversations in a restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit or hamper your companion's personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to have to ask people to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion difficulty hearing in the presence of background noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion difficulty hearing women's or children's voices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to hear people speak but fail to understand what they are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to feel as though others mumble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause your companion to feel stressed or tired when 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:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please select your companion's current lifestyle:

- Active Lifestyle** (*Frequent Background Noise*)
- Casual Lifestyle** (*Occasional Background Noise*)
- Quiet Lifestyle** (*Limited Background Noise*)
- Very Quiet lifestyle** (*Rare Background Noise*)

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## Companion Questionnaire

*If your companion does not currently use technology (hearing aids), please skip to the Additional Comments section.*

**My companion's current technology (hearing aids) performance is satisfactory:**

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
In an area with background noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a conference room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In group conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conversations with spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conversations with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: