

Companion Questionnaire

Name _____ Patient 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®, a moment 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.

| | 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"/> |

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

- Driving
- Outdoors
- Telephone
- Family
- Religious
- Television
- Meetings
- Restaurant
- Travel
- Music
- Social
- Other _____

Please select your companion's current and desired 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

Name _____ Patient 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®, a moment 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.

- Driving
- Outdoors
- Telephone
- Family
- Religious
- Television
- Meetings
- Restaurant
- Travel
- Music
- Social
- Other _____

Please select your companion's current and desired 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