

Confidential Spousal/Companion Questionnaire

Your Name: _____ Date: _____

Patient Name: _____ Relationship: _____

History and Communication Symptoms:

Please answer the following:

Does your companion complain of dizziness? ☐ Yes ☐ No

Does your companion complain of pain in their ears? ☐ Yes ☐ No

Does your companion ever complain of ringing in the ears? ☐ Yes ☐ No

Does your companion ever complain of drainage from their ear? ☐ Yes ☐ No

Does your companion have difficulty hearing while in a car? ☐ Yes ☐ No

Does your companion have difficulty hearing on the telephone? ☐ Yes ☐ No

Does your companion have difficulty hearing when there is noise present? ☐ Yes ☐ No

Did your companion's hearing impairment develop: ☐ suddenly ☐ gradually?

When did you first suspect your companion had hearing difficulties? _____ year(s) ago

Have you noticed any change in your companion's ability to remember? ☐ Yes ☐ No

Does your companion turn the television up louder than normal? ☐ No ☐ A little ☐ A lot

Does your companion accuse you of mumbling? ☐ Yes ☐ No

Does your companion talk louder than normal? ☐ No ☐ A little ☐ A lot

Does your companion avoid social gatherings? ☐ Yes ☐ No

Do you ever not talk because your companion won't hear you anyways? ☐ Yes ☐ No

Are you concerned that a hearing problem causes him/her difficulty when visiting friends, relatives, or neighbors? ☐ Yes ☐ No

Does your companion's hearing problem cause you stress? ☐ Yes ☐ No

If yes, how so? _____

Are you ever embarrassed by your companion's inability to hear? ☐ Yes ☐ No

Do you think your companion needs hearing help? ☐ Yes ☐ No

Would your life be more enjoyable if your companion heard better? ☐ Yes ☐ No

If your companion currently wears hearing aids:

If your companion wears hearing aids, how often does he/she wear them? _____

Might they be experiencing any difficulties with their hearing aids? Explain: _____

Is there any additional information you would like us to know or address? _____