Confidential Spousal/Companion Questionnaire

Your Name:	Date:
Patient Name:	
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 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 hea	aring difficulties? year(s) ago
Have you noticed any change in your companion's a	ability to remember? □ Yes □ No
Does your companion turn the television up louder than normal? $\ \square$ No $\ \square$ A little $\ \square$ 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 ina	bility to hear? ☐ Yes ☐ No
Do you think your companion needs hearing help?	□ Yes □ No
Would your life be more enjoyable if your companion	n heard better? □ Yes □ No
If your companion currently wears hearing	ng aids:
If your companion wears hearing aids, how often does he/she wear them?	
Might they be experiencing any difficulties with their	
Is there any additional information you would like us	to know or address?