



www.familyhearingva.com

Family Hearing Services, Inc.
14102 Sullyfield Circle, suite 350c
Chantilly VA 20151
703-291-9053

Patient Companion Questionnaire

Name: _____ Date: _____

In our professional experience, we often find that many patients describe hearing loss as the ability to hear but not understand in certain situations. This effects the individual and also the life of those around them. Have your spouse/partner/friend fill out the information below.

How often do you notice a hearing trouble?

	Always	Sometimes	Never
While in background noise			
At religious services			
At the movies			
In the car			
On the phone			
In a conference room			
In a restaurant			
While listening to music			
While watching TV			
In group conversations			
In conversations with spouse			
In conversations with children			

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

1. _____
2. _____
3. _____