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Hearing Inventory (HI) for Patient

Patient Name: _____ Date: _____

Please answer questions 1 through 10 by checking the appropriate response.

		Yes	Sometimes	No
1.	Does a hearing problem cause you to feel embarrassed when meeting new people?	_____	_____	_____
2.	Does a hearing problem cause you frustration when talking to members of your family?	_____	_____	_____
3.	Do you have difficulty hearing when someone speaks in a whisper?	_____	_____	_____
4.	Do you feel handicapped by a hearing problem?	_____	_____	_____
5.	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	_____	_____	_____
6.	Does a hearing problem cause you to attend religious services less often than you would like?	_____	_____	_____
7.	Does a hearing problem cause you to have arguments with family members?	_____	_____	_____
8.	Does a hearing problem cause you difficulty when listening to the TV or radio?	_____	_____	_____
9.	Do you feel that difficulty with your hearing hampers or limits your personal or social life?	_____	_____	_____
10.	Does a hearing problem cause you difficulty with ordering or conversation in a restaurant?	_____	_____	_____