



Hearing Inventory Questionnaire

Patient Name: _____

Please circle the best answer (Yes/Sometimes/No)

Does a hearing problem cause you to feel embarrassed when you meet new people?	Yes	Sometimes	No
Does a hearing problem cause you to feel frustrated when talking to members of your family?	Yes	Sometimes	No
Do you have difficulty hearing when someone speaks to you in a whisper?	Yes	Sometimes	No
Do you feel handicapped by a hearing problem?	Yes	Sometimes	No
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	Yes	Sometimes	No
Does a hearing problem cause you to attend group functions less often than you would like?	Yes	Sometimes	No
Does a hearing problem cause you to have arguments with family members?	Yes	Sometimes	No
Does a hearing problem cause you to have difficulty when listening to television?	Yes	Sometimes	No
Do you feel that any difficulty with you hearing limits/hampers your personal social life?	Yes	Sometimes	No
Does your hearing problem cause you difficulty in a restaurant with friends or relatives?	Yes	Sometimes	No

