



HEARING PROFESSIONALS
DOCTORS OF AUDIOLOGY
PERSONALIZED HEARING CARE & BALANCE CENTER

Hearing Inventory

Name _____

Date _____

Form by the Better Hearing Institute

With respect to your hearing, please think about your experiences in each of the following situations **WITHOUT** the use of hearing aids (or other listening devices) if you do not wear hearing aids or **WITH** the use of hearing (or other listening devices) if you currently wear hearing aids or use a listening device.

Check the most appropriate answer to the following items. PLEASE do not leave any blank.

	YES	SOMETIMES	NO
I have a problem hearing over the telephone...			
I have trouble following the conversation when two or more people are talking at the same time...			
I have trouble understanding things on TV...			
I have to strain to understand conversations...			
I have to worry about missing a telephone ring or doorbell...			
I have trouble hearing conversations in a noisy background such as a crowded room or restaurant...			
I am unsure where sounds come from...			
I misunderstand some words in a sentence and need to ask people to repeat themselves...			
I especially have trouble understanding the speech of women and children...			
I have trouble understanding the speaker in a large room such as a meeting or place of worship...			
Many people I talk to seem to mumble (or don't speak clearly)...			
People get annoyed because I misunderstand what they say...			
I misunderstand what others are saying and make inappropriate responses...			
I avoid social activities because I cannot hear well and fear I will reply improperly...			
Family members and friends have told me they think I may have a hearing loss...			