

Name: _____ Date: _____



Hearing Inventory 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 devices designed to help you hear better.

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...			