GHC
GRAND HEARING CENTER

Hearing Inventory for Patient

Pt. Name:_____ Date:_____

	Yes	Sometimes	No
1. Does a hearing problem cause you to feel embarrassed when meeting new people?	☐	☐	☐
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	☐	☐	☐
3. Do you have difficulty hearing when someone speaks in a whisper?	☐	☐	☐
4. 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 members of your family?	☐	☐	☐
8. Does a hearing problem cause you difficulty when listening to the TV or radio?	☐	☐	☐
9. Do you feel that any difficulty with your hearing limits or hampers you personal or social life?	☐	☐	☐
10. Does a hearing problem cause you difficulty when in a restaurant with friends or relatives?	☐	☐	☐