



East Mountain Hearing
and Balance

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Hearing Inventory for Patient

Patient Name _____ Date _____

Circle Response

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

Signature _____