



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 _____