

# Hearing Inventory "HI" for Patient

Patient \_\_\_\_\_ Date \_\_\_\_\_ HI Score \_\_\_\_\_

At Sonus, it is our mission to find the best personal solution for each individual's communication needs. We will only be successful in reaching this goal if we take the time to compile the following information about you.

Please answer the following questions by checking the appropriate response.

	Yes	Sometimes	No
1. Does a hearing problem cause you to feel embarrassed when you meet new people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have difficulty hearing when someone speaks in a whisper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel burdened by a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does a hearing problem cause you to attend large group situations less often than they would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from HHIE