

## Hearing Inventory "HI" for Companion

Name	Date	HI Score			_
Patient	Relationship to	Patient			
At Sonus, it is our mission to fine We will only be successful in rea from those closest to the patient	ching this goal if we take				
Please answer the following ques	stions by checking the ap	oropriate response.			
			Yes	Sometimes	No
1. Have you observed a situation him/her to feel embarrassed w	• .				
2. Do you feel a hearing problem when talking to members of h		ustrated			
3. Have you noticed that he/she speaks in a whisper?	has difficulty hearing whe	n someone			
4. Do you believe he/she is burd	ened by a hearing proble	m?			
5. Are you concerned that a hear difficulty when visiting friends,	• .	ner			
6. Do you think that a hearing prattend large group situations l		d like?			
7. Have you ever felt that a heari to have arguments with family		er			
8. Have you noticed that a hearing difficulty when listening to TV	· ·	er			
9. Are you concerned that any di or hampers their personal or s		ng limits			
10. Have you observed that a he difficulty when in a restaurant	•				

Adapted from HHIE

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