Weill Cornell Medicine Hearing & Speech Center

Hearing Handicap Inventory - Screening

Name	e:		M	RN:		Age:	Date:	
Yes, So	ometimes, or N		n. DO NOT S	KIP A QUESTIO	N IF YOU AVOID	A SITUATI	may be causing you. Circle ON BECAUSE OF A HEARIN ng aids.	
E-1	Does your l <i>Yes</i>	nearing problem o Sometimes	cause you to <i>No</i>			-	people?	
E-2	Does a hea <i>Yes</i>	ring problem cau Sometimes	se you to fee <i>No</i>				of your family?	
S-3	Does a hea <i>Yes</i>	ring problem cau Sometimes	se you diffic <i>No</i>				s, or customers?	
E-4	Do you feel <i>Yes</i>	handicapped by Sometimes	a hearing pr <i>No</i>					
S-5	Does a hea Yes	ring problem cau Sometimes	se you diffic <i>No</i>	•	ting friends, re		-	
S-6		ring problem cau Sometimes	se you diffic <i>No</i>	•	vie or theater?			
S-7	Does a hea Yes	ring problem cau Sometimes	se you to ha <i>No</i>	-	with family me			
S-8	Does a hea Yes	ring problem cau Sometimes	se you diffic <i>No</i>		ening to the TV			
E-9	Do you feel <i>Yes</i>	that any difficult Sometimes	y with your <i>No</i>	-	or hampers yo	-		
S-10	Does a hea Yes	ring problem cau Sometimes	se you diffic <i>No</i>	ulty when in a <i>Comment:</i>	restaurant wit	h relative	s or friends?	
S-7	Does a heari <i>Yes</i>	ng problem cause <i>Sometimes</i>	e you to atte <i>No</i>	-	ervices less ofte			
S-11	Do you have <i>Yes</i>	e difficulty heari <i>Sometimes</i>	ng when so <i>No</i>		iks in a whispe			
		Scor		Score	S: score:			
	0-	8 suggests no hear	ing handicap	/ 10-24 sugges		-	handicap/	