



Weill Cornell Medicine

Hearing & Speech Center

Hearing Handicap Inventory - Screening

Name: _____ MRN: _____ Age: _____ Date: _____

INSTRUCTIONS: The purpose of this questionnaire is to identify the problems your hearing loss may be causing you. Circle **Yes**, **Sometimes**, or **No**, for each question. **DO NOT SKIP A QUESTION IF YOU AVOID A SITUATION BECAUSE OF A HEARING PROBLEM.** If you currently use hearing aids, please answer as to how you do **WITH** your hearing aids.

E-1 Does your hearing problem cause you to feel embarrassed when meeting new people?
Yes **Sometimes** **No** **Comment:** _____

E-2 Does a hearing problem cause you to feel frustrated when talking to members of your family?
Yes **Sometimes** **No** **Comment:** _____

S-3 Does a hearing problem cause you difficulty understanding co-workers, clients, or customers?
Yes **Sometimes** **No** **Comment:** _____

E-4 Do you feel handicapped by a hearing problem?
Yes **Sometimes** **No** **Comment:** _____

S-5 Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?
Yes **Sometimes** **No** **Comment:** _____

S-6 Does a hearing problem cause you difficulty in the movie or theater?
Yes **Sometimes** **No** **Comment:** _____

S-7 Does a hearing problem cause you to have arguments with family members?
Yes **Sometimes** **No** **Comment:** _____

S-8 Does a hearing problem cause you difficulty when listening to the TV or radio?
Yes **Sometimes** **No** **Comment:** _____

E-9 Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
Yes **Sometimes** **No** **Comment:** _____

S-10 Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
Yes **Sometimes** **No** **Comment:** _____

S-7 Does a hearing problem cause you to attend religious services less often than you would like?
Yes **Sometimes** **No** **Comment:** _____

S-11 Do you have difficulty hearing when someone speaks in a whisper?
Yes **Sometimes** **No** **Comment:** _____

Score E: _____ Score S: _____

Interpretation of score:

0-8 suggests no hearing handicap / 10-24 suggests mild-moderate hearing handicap/
 26-48 suggests significant hearing handicap