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-11 Does a hearing problem cause you to attend religious services less often than you would like?
   Yes    Sometimes    No    Comment: ________________________________

S-12 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