

# HEARING HANDICAP INVENTORY FOR ADULTS

- Instructions:
1. Answer Yes, No, or Sometimes for each question
  2. Do not skip a question if you avoid a situation because of a hearing problem.
  3. If you use a hearing aid, please answer according to the way you hear with the aid.

Date Completed: \_\_\_\_\_

	YES	SOMETIMES	NO
1(s): Does a hearing problem cause you to use the phone less often than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2(e): Does a hearing problem cause you to feel embarrassed when meeting new people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3(s): Does a hearing problem cause you to avoid groups of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4(e): Does a hearing problem make you irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5(e): 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"/>
6(s): Does a hearing problem cause you difficulty when attending a party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7(s): Does a hearing problem cause you difficulty hearing/understanding co-worker, clients or customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8(e): Do you feel handicapped by a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9(s): Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10(e): Does a hearing problem cause you to feel frustrated when talking to co-workers, clients or customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11(s): Does a hearing problem cause you difficulty in the movies or theater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12(e): Does a hearing problem cause you to be nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13(s): Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14(e): Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	SOMETIMES	NO
15(s): Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16(s): Does a hearing problem cause you to go shopping less than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17(e): Does any problem or difficulty with your hearing upset you at all?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18(e): Does a hearing problem cause you to want to be by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19(e): Does a hearing problem cause you to talk to family members less often than you would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20(e): 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"/>
21(s): Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22(e): Does a hearing problem cause you to feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23(s): Does a hearing problem cause you to listen to TV or radio less often than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24(e): Does a hearing problem cause you to feel uncomfortable when talking to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25(e): Does a hearing problem cause you to feel left out when you are with a group of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTALS: \_\_\_\_\_

$\frac{\quad}{x4} + \frac{\quad}{x2} = \underline{\quad}$

Emotional Questions: 2 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 8 \_\_\_\_\_ 10 \_\_\_\_\_ 12 \_\_\_\_\_ 14 \_\_\_\_\_

17 \_\_\_\_\_ 18 \_\_\_\_\_ 20 \_\_\_\_\_ 22 \_\_\_\_\_ 24 \_\_\_\_\_ 25 \_\_\_\_\_ = \_\_\_\_\_ (subtotal e)

Situational Questions: 1 \_\_\_\_\_ 3 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 9 \_\_\_\_\_ 11 \_\_\_\_\_ 13 \_\_\_\_\_

15 \_\_\_\_\_ 16 \_\_\_\_\_ 19 \_\_\_\_\_ 21 \_\_\_\_\_ 23 \_\_\_\_\_ = \_\_\_\_\_ (subtotal s)

Scoring: 0 - 16: No Handicap    17 - 42: Mild to Moderate Handicap    43+: Significant handicap