

HEARING HANDICAP INVENTORY FOR THE ELDERLY

- 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(e): Does a hearing problem cause you to feel "stupid" or "dumb?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8(s): Do you have difficulty when someone speaks in a whisper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9(e): Do you feel handicapped by a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10(s): Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11(s): Does a hearing problem cause you to attend religious services less often than you would like?	<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 _____ 7 _____ 9 _____ 12 _____ 14 _____

17 _____ 18 _____ 20 _____ 22 _____ 24 _____ 25 _____ = _____ (subtotal e)

Situational Questions: 1 _____ 3 _____ 6 _____ 8 _____ 10 _____ 11 _____ 13 _____

15 _____ 16 _____ 19 _____ 21 _____ 23 _____ = _____ (subtotal s)

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