

HEARING HANDICAP INVENTORY FOR ADULTS

Instructions: The purpose of the scale is to identify the problems your hearing loss may be causing you.
Check Yes, Sometimes, or No for each question.
Do not skip a question if you avoid a situation because of a hearing problem.
Please write N/A if the question does not apply.

	Yes	Sometimes	No	
1. Does a hearing problem cause you to use the phone less often than you would like?	___	___	___	s
2. Does a hearing problem cause you to feel embarrassed when meeting new people?	___	___	___	e
3. Does a hearing problem cause you to avoid groups of people?	___	___	___	s
4. Does a hearing problem make you irritable?	___	___	___	e
5. Does a hearing problem cause you to feel frustrated when talking to members of your family?	___	___	___	e
6. Does a hearing problem cause you difficulty when attending a party?	___	___	___	s
7. Does a hearing problem cause you difficulty hearing/understanding co-workers, clients, or customers?	___	___	___	s
8. Do you feel handicapped by a hearing problem?	___	___	___	e
9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	___	___	___	s
10. Does a hearing problem cause you to feel frustrated when talking to co-workers, clients, or customers?	___	___	___	e
11. Does a hearing problem cause you difficulty in the movies or theater?	___	___	___	s
12. Does a hearing problem cause you to be nervous?	___	___	___	e
13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?	___	___	___	s
14. Does a hearing problem cause you to have arguments with family members?	___	___	___	e
15. Does a hearing problem cause you difficulty when listening to TV or radio?	___	___	___	s
16. Does a hearing problem cause you to go shopping less often than you would like?	___	___	___	s
17. Does any problem or difficulty with your hearing upset you at all?	___	___	___	e
18. Does a hearing problem cause you to want to be by yourself?	___	___	___	e
19. Does a hearing problem cause you to talk to family members less often than you would like?	___	___	___	s
20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	___	___	___	e
21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	___	___	___	s
22. Does a hearing problem cause you to feel depressed?	___	___	___	e
23. Does a hearing problem cause you to listen to TV or radio less often than you would like?	___	___	___	s
24. Does a hearing problem cause you to feel uncomfortable when talking to friends?	___	___	___	e
25. Does a hearing problem cause you to feel left out when you are with a group of people?	___	___	___	e

For Clinician's use only: Yes = 4 Sometimes = 2 No = 0 Total score for e-questions: _____ Total score for s-questions: _____