

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
2. Does a hearing problem cause you to feel embarrassed when meeting new people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
3. Does a hearing problem cause you to avoid groups of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
4. Does a hearing problem make you irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
5. 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"/> e
6. Does a hearing problem cause you difficulty when attending a party?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
7. Does a hearing problem cause you difficulty hearing/understanding co-workers, clients or customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
8. Do you feel handicapped by a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
10. 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"/> e
11. Does a hearing problem cause you difficulty in the movies or theater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
12. Does a hearing problem cause you to be nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
13. 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"/> s
14. Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
15. Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
16. Does a hearing problem cause you to go shopping less often than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
17. Does any problem or difficulty with your hearing upset you at all?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
18. Does a hearing problem cause you to want to be by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
19. 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"/> s
20. 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"/> e
21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> s
22. Does a hearing problem cause you to feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
23. 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"/> s
24. Does a hearing problem cause you to feel uncomfortable when talking to friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> e
25. 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"/> e

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