



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?			
2(e): Does a hearing problem cause you to feel embarrassed when meeting new people?			
3(s): Does a hearing problem cause you to avoid groups of people?			
4(e): Does a hearing problem make you irritable?			
5(e): Does a hearing problem cause you to feel frustrated when talking to members of your family?			
6(s): Does a hearing problem cause you difficulty when attending a party?			
7(e): Does a hearing problem cause you to feel "stupid" or "dumb"?			
8(s): Do you have difficulty when someone speaks in a whisper?			
9(e): Do you feel handicapped by a hearing problem?			
10(s): Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?			
11(s): Does a hearing problem cause you to attend religious services less often than you would like?			
12(e): Does a hearing problem cause you to be nervous?			
13(s): Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?			

14(e): Does a hearing problem cause you to have arguments with family members?

15(s): Does a hearing problem cause you difficulty when listening to TV or radio?

16(s): Does a hearing problem cause you to go shopping less than you would like?

17(e): Does any problem or difficulty with your hearing upset you at all?

18(e): Does a hearing problem cause you to want to be by yourself?

19(e): Does a hearing problem cause you to talk to family members less often than you would like?

20(e): Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

21(s): Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

22(e): Does a hearing problem cause you to feel depressed?

23(s): Does a hearing problem cause you to listen to TV or radio less often than you would like?

24(e): Does a hearing problem cause you to feel uncomfortable when talking to friends?

25(e): Does a hearing problem cause you to feel left out when you are with a group of people?

TOTALS: _____

$\begin{array}{r} \text{x4} \quad \quad + \quad \text{x2} \quad \quad = \\ \hline \hline \end{array}$

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 e)

Scoring: 0 - 16: No Handicap

17 - 42: Mild to Moderate Handicap

43+: Significant handicap



Hearing Handicap Inventory For The 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?			
2(e): Does a hearing problem cause you to feel embarrassed when meeting new people?			
3(s): Does a hearing problem cause you to avoid groups of people?			
4(e): Does a hearing problem make you irritable?			
5(e): Does a hearing problem cause you to feel frustrated when talking to members of your family?			
6(s): Does a hearing problem cause you difficulty when attending a party?			
7(s): Does a hearing problem cause you difficulty hearing/understanding co-worker, clients or customers?			
8(e): Do you feel handicapped by a hearing problem?			
9(s): Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?			
10(e): Does a hearing problem cause you to feel frustrated when talking to co-workers, clients or customers?			
11(s): Does a hearing problem cause you difficulty in the movies or theater?			
12(e): Does a hearing problem cause you to be nervous?			
13(s): Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?			

14(e): Does a hearing problem cause you to have arguments with family members?
15(s): Does a hearing problem cause you difficulty when listening to TV or radio?
16(s): Does a hearing problem cause you to go shopping less than you would like?
17(e): Does any problem or difficulty with your hearing upset you at all?
18(e): Does a hearing problem cause you to want to be by yourself?
19(e): Does a hearing problem cause you to talk to family members less often than you would like?
20(e): Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
21(s): Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
22(e): Does a hearing problem cause you to feel depressed?
23(s): Does a hearing problem cause you to listen to TV or radio less often than you would like?
24(e): Does a hearing problem cause you to feel uncomfortable when talking to friends?
25(e): Does a hearing problem cause you to feel left out when you are with a group of people?

TOTALS: _____

x4 + x2 = _____

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 e)

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