

HEARING HANDICAP INVENTORY SCREENING QUESTIONNAIRE*

INSTRUCTIONS: Please answer each question to the best of your ability. Do not skip a question if you avoid a situation due to a hearing problem. If you use a hearing aid, please answer according to the way you hear with the aid.

- | | | | |
|--|------------------------------|------------------------------------|-----------------------------|
| 1. Does a hearing problem cause you to feel embarrassed when you meet new people? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 2. Does a hearing problem cause you to feel frustrated when talking to members of your family? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 3. Do you have difficulty hearing when someone speaks in a whisper? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 4. Do you feel handicapped by a hearing problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 6. Does a hearing problem cause you to attend religious services less often than you would like? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 7. Does a hearing problem cause you to have arguments with family members? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 8. Does a hearing problem cause you difficulty when listening to TV or radio? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |

Score: _____

Scoring:

No = 0; Sometimes = 2; Yes = 4

Interpretation of Total Score:

0-8 = no handicap; 10-24 = mild to moderate handicap; 26-40 = severe handicap

**Adapted from: Ventry I, Weinstein B. Identification of elderly people with hearing problems. ASHA. 1983; 25:37-42.*