

Hearing Handicap Inventory Screening Questionnaire for Adults

Name: _____

Date: _____

- 1) Answer By Circling **No**, **Sometimes** or **Yes** 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.**

	No (0)	Sometimes (2)	Yes (4)	
1. Does a hearing problem cause you to feel embarrassed when you meet new people?				
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?				
3. Do you have difficulty hearing / understanding co-workers, clients or customers?				
4. Do you feel handicapped by a hearing problem?				
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?				
6. Does a hearing problem cause you difficulty in the movies or in the theater?				
7. Does a hearing problem cause you to have arguments with family members?				
8. Does a hearing problem cause you difficulty when listening to TV or radio?				
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?				
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?				
Totals:				

* Adapted from: Ventry, I., Weinstein, B. "Identification of elderly people with hearing problems"
American Speech-Language-Hearing Association. 1983, 25, 37-42. *

Interpreting the Raw Score:

- 0 – 8 = 13% probability of hearing impairment (no handicap)
- 10 – 24 = 50% probability of hearing impairment (mild-moderate handicap)
- 26 – 40 = 84% probability of hearing impairment (severe handicap)