

Hearing Handicap Inventory Screening Questionnaire for Adults

1) Answer **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 | Sometimes | Yes | |
|--|----|-----------|-----|--|
| 1. Does a hearing problem cause you to feel embarrassed when you meet new people? | 0 | 2 | 4 | |
| 2. Does a hearing problem cause you to feel frustrated when talking to members of your family? | 0 | 2 | 4 | |
| 3. Do you have difficulty hearing / understanding co-workers, clients or customers? | 0 | 2 | 4 | |
| 4. Do you feel handicapped by a hearing problem? | 0 | 2 | 4 | |
| 5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors? | 0 | 2 | 4 | |
| 6. Does a hearing problem cause you difficulty in the movies or in the theater? | 0 | 2 | 4 | |
| 7. Does a hearing problem cause you to have arguments with family members? | 0 | 2 | 4 | |
| 8. Does a hearing problem cause you difficulty when listening to TV or radio? | 0 | 2 | 4 | |
| 9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? | 0 | 2 | 4 | |
| 10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? | 0 | 2 | 4 | |
| 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)

Name: _____

Date: _____