HEARING HANDICAP INVENTORY FOR ELDERLY SCREENING

INSTRUCTIONS: The purpose of this scale is to identify the problems your hearing loss may be causing you. Put an “X” in the box to answer Yes, Sometimes, or No for each question. Do not skip a question if you avoid a situation because of your hearing loss. It is important that you answer all questions. If you use a hearing aid, please answer the way you hear without the hearing aid.

1. Does a hearing problem cause you to feel embarrassed when meeting new people?
   - Yes
   - Sometimes
   - No

2. Does a hearing problem cause you to feel frustrated when talking to members of your family?
   - Yes
   - Sometimes
   - No

3. Do you have difficulty hearing when someone speaks in a whisper?
   - Yes
   - Sometimes
   - No

4. Do you feel handicapped by a hearing problem?
   - Yes
   - Sometimes
   - No

5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?
   - Yes
   - Sometimes
   - No
6. Does a hearing problem cause you to attend religious services less often than you would like?
   - Yes
   - Sometimes
   - No

7. Does a hearing problem cause you to have arguments with family members?
   - Yes
   - Sometimes
   - No

8. Does a hearing problem cause you difficulty when listening to a TV or radio?
   - Yes
   - Sometimes
   - No

9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?
   - Yes
   - Sometimes
   - No

10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?
    - Yes
    - Sometimes
    - No