

HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)

NAME: _____ DATE: _____

INSTRUCTIONS: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check YES, SOMETIMES, or NO for each question. DO NOT skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear **WITHOUT** your aid.

		YES (4)	SOME- TIMES (2)	NO (0)
S-1.	Does a hearing problem cause you to use the phone less often than you would like?			
E-2.	Does a hearing problem cause you to feel embarrassed when meeting new people?			
S-3.	Does a hearing problem cause you to avoid groups of people?			
E-4.	Does a hearing problem make you irritable?			
E-5.	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
S-6.	Does a hearing problem cause you difficulty when attending a party?			
S-7.	Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?			
E-8.	Do you feel handicapped by a hearing problem?			
S-9.	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
E-10.	Does a hearing problem cause you to feel frustrated when talking to coworkers, clients or customers?			
S-11.	Does a hearing problem cause you difficulty in the movies or theater?			
E-12.	Does a hearing problem cause you to be nervous?			
S-13.	Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?			
E-14.	Does a hearing problem cause you to have arguments with family members?			
S-15.	Does a hearing problem cause you difficulty when listening to TV or radio?			
S-16.	Does a hearing problem cause you to go shopping less often than you would like?			
E-17.	Does any problem or difficulty with your hearing upset you at all?			
E-18.	Does a hearing problem cause you to want to be by yourself?			

		YES (4)	SOME- TIMES (2)	NO (0)
S-19.	Does a hearing problem cause you to talk to family members less often than you would like?			
E-20.	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
S-21.	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			
E-22.	Does a hearing problem cause you to feel depressed?			
S-23.	Does a hearing problem cause you to listen to TV or the radio less often than you would like?			
E-24.	Does a hearing problem cause you to feel uncomfortable when talking to friends?			
E-25.	Does a hearing problem cause you to feel left out when you are with a group of people?			

NO = 0 points Sometimes = 2 points YES = 4 points

Total # of points _____ / 100

Total # of points for SOCIAL _____ / 48 = _____

Total # of points for EMOTIONAL _____ / 52 = _____

0 (no handicap) to 100 (total handicap)

0-16% = No handicap

18-42% = Mild-Moderate Handicap

44%+ = Significant Handicap