

# 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	
<b>Totals:</b>				

\* 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: \_\_\_\_\_