

## The Hearing Handicap Inventory – Screening

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select YES, SOMETIMES, or NO for each question. Please do not skip a question if you avoid a situation because of your hearing problems. If you use a hearing aid, please answer the way you hear without a hearing aid. Place a check-mark in the appropriate column.

	Yes (4)	Sometimes (2)	No (0)
Does a hearing problem cause you to feel embarrassed when you meet new people?			
Does a hearing problem cause you to feel frustrated when talking to members of your family?			
Do you have difficulty when someone speaks in a whisper?			
Do you feel handicapped by a hearing problem?			
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
Does a hearing problem cause you to attend religious services less often than you would like?			
Does a hearing problem cause you to have arguments with family members?			
Does a hearing problem cause you difficulty when listening to TV or radio?			
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			
<b>TOTAL:</b>			