

HEARING HANDICAP INVENTORY (A&E Versions)

Name/ID: _____ Age: _____ Pre-Fit Post-Fit

INSTRUCTIONS: The purpose of this questionnaire is to identify the problems your hearing loss may be causing you. Circle **Yes**, **Sometimes**, or **No**, for each question. **DO NOT SKIP A QUESTION IF YOU AVOID A SITUATION BECAUSE OF A HEARING PROBLEM.** If you currently use hearing aids, please answer as to how you do **WITHOUT** your hearing aids.

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|-------|---|-----|-----------|----|
| E-1 | Does your hearing problem cause you to feel embarrassed when meeting new people? | Yes | Sometimes | No |
| E-2 | Does a hearing problem cause you to feel frustrated when talking to members of your family? | Yes | Sometimes | No |
| S-3 | Does a hearing problem cause you difficulty understanding co-workers, clients, or customers? | Yes | Sometimes | No |
| E-4 | Do you feel handicapped by a hearing problem? | Yes | Sometimes | No |
| S-5 | Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? | Yes | Sometimes | No |
| S-6 | Does a hearing problem cause you difficulty in the movie or theater? | Yes | Sometimes | No |
| S-7 | Does a hearing problem cause you to have arguments with family members? | Yes | Sometimes | No |
| S-8 | Does a hearing problem cause you difficulty when listening to the TV or radio? | Yes | Sometimes | No |
| E-9 | Do you feel that any difficulty with your hearing limits or hampers your personal or social life? | Yes | Sometimes | No |
| S-10 | Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? | Yes | Sometimes | No |
| S-11. | Does a hearing problem cause you to attend religious services less often than you would like? | Yes | Sometimes | No |
| S-12 | Do you have difficulty hearing when someone speaks in a whisper? | Yes | Sometimes | No |

Total 'No'	_____	x 0 =	_____
Total 'Sometimes'	_____	x 2 =	_____
Total 'Yes'	_____	x 4 =	_____
TOTAL SCORE	_____		

TOTAL SCORE IMPAIRMENT
0 – 8 No Handicap
10 – 24 Mild-Moderate Handicap
25 – 40 Severe Handicap