

Hearing Handicap Inventory Screening Questionnaire for Adults
 San Francisco Otolaryngology – Patient Self-Assessment Questionnaire
www.sfotomed.com

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.			
	Sometimes	Yes	No
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
Totals:			
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: _____

* Adapted from: Ventry, I., Weinstein, B. "Identification of elderly people with hearing problems" American Speech-Language-Hearing Association. 1983, 25, 37-42. *