



HEARING HANDICAP INVENTORY FOR THE ELDERLY



ID NUMBER:

FORM CODE:

DATE: 03/17/2022
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Script: "The purpose of this scale is to identify how hearing loss may affect you. Please select 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 or other hearing technologies, please answer the way you hear while using a hearing aid or other hearing technologies."

	YES	SOMETIMES	NO
1) Does a hearing problem cause you to feel embarrassed when meeting new people?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2) Does a hearing problem cause you to feel frustrated when talking to members of your family?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3) Do you have difficulty hearing when someone speaks in a whisper?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4) Do you feel handicapped by a hearing problem?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5) Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6) Does a hearing problem cause you to attend religious services less often than you would like?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7) Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8) Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9) Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10) Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0