

THE HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)

(Newman, Weinstein, Jacobson, & Hug 1990)

Patient: _____

Date: _____

INSTRUCTIONS: The purpose of this scale is to identify the problems your hearing loss may be causing you. Answer 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, please answer the way you hear *without* a hearing aid.

S-1 Does a hearing problem cause you to use the phone less often than you would like?	YES (4)	SOMETIMES (2)	NO (0)
E-2 Does a hearing problem cause you to feel embarrassed when meeting new people?	YES (4)	SOMETIMES (2)	NO (0)
S-3 Does your hearing problem cause you to avoid groups of people?	YES (4)	SOMETIMES (2)	NO (0)
E-4 Does a hearing problem make you irritable?	YES (4)	SOMETIMES (2)	NO (0)
E-5 Does a hearing problem cause you to feel frustrated when talking to members of your family?	YES (4)	SOMETIMES (2)	NO (0)
S-6 Does a hearing problem cause you difficulty when attending a party?	YES (4)	SOMETIMES (2)	NO (0)
S-7 Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?	YES (4)	SOMETIMES (2)	NO (0)
E-8 Do you feel handicapped by a hearing problem?	YES (4)	SOMETIMES (2)	NO (0)
S-9 Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	YES (4)	SOMETIMES (2)	NO (0)
E-10 Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, or customers?	YES (4)	SOMETIMES (2)	NO (0)
S-11 Does a hearing problem cause you difficulty in the movies or theater?	YES (4)	SOMETIMES (2)	NO (0)
E-12 Does a hearing problem cause you to be nervous?	YES (4)	SOMETIMES (2)	NO (0)
S-13 Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?	YES (4)	SOMETIMES (2)	NO (0)

E-14 Does a hearing problem cause you to have arguments with family members?	YES (4)	SOMETIMES (2)	NO (0)
S-15 Does a hearing problem cause you difficulty when listening to the TV or radio?	YES (4)	SOMETIMES (2)	NO (0)
S-16 Does a hearing problem cause you to go shopping less often than you would like?	YES (4)	SOMETIMES (2)	NO (0)
E-17 Does any problem or difficulty with your hearing upset you at all?	YES (4)	SOMETIMES (2)	NO (0)
E-18 Does a hearing problem cause you to want to be by yourself?	YES (4)	SOMETIMES (2)	NO (0)
S-19 Does a hearing problem cause you to talk to family members less often than you would like?	YES (4)	SOMETIMES (2)	NO (0)
E-20 Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	YES (4)	SOMETIMES (2)	NO (0)
S-21 Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	YES (4)	SOMETIMES (2)	NO (0)
E-22. Does a hearing problem cause you to feel depressed?	YES (4)	SOMETIMES (2)	NO (0)
S-23 Does a hearing problem cause you to listen to TV or radio less often than you would like?	YES (4)	SOMETIMES (2)	NO (0)
E-24 Does a hearing problem cause you to feel uncomfortable when talking to friends?	YES (4)	SOMETIMES (2)	NO (0)
E-25 Does a hearing problem cause you to feel left out when you are with a group of people?	YES (4)	SOMETIMES (2)	NO (0)

FOR CLINICIAN'S USE ONLY: Total Score: _____

Subtotal E: _____

Subtotal S: _____