

HHIE Hearing Inventory Questionnaire

Name: _____ Date: _____

The purpose of this scale is to identify the problems your hearing loss may be causing you. Check 'Yes', 'Sometimes', or 'No' for each question. Do not skip any questions. 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 a 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)
E-7. Does a hearing problem cause you to feel "stupid" or "dumb"?	Yes (4) Sometimes (2) No (0)

S-8. Do you have difficulty hearing when someone speaks in a whisper?	Yes (4) Sometimes (2) No (0)
E-9. Do you feel handicapped by a hearing problem?	Yes (4) Sometimes (2) No (0)
S-10. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	Yes (4) Sometimes (2) No (0)
S-11. Does a hearing problem cause you to attend religious services less often than you would like?	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 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	Yes (4) Sometimes (2) No (0)

For Clinician Use Only:

<p>Fill in the number of points for each question ('Yes'=4, 'Sometimes'=2, 'No'=0)</p> <p>Emotional (E) questions: 2 ___ 4 ___ 5 ___ 7 ___ 9 ___ 12 ___ 14 ___ 17 ___ 18 ___ 20 ___ 22 ___ 24 ___ 25 ___</p> <p>Subtotal E: _____ (52 maximum)</p> <p>Situational (S) questions: 1 ___ 3 ___ 6 ___ 8 ___ 10 ___ 11 ___ 13 ___ 15 ___ 16 ___ 19 ___ 21 ___ 23 ___</p> <p>Subtotal S: _____ (48 maximum)</p> <p>Total score: _____ (100 maximum)</p>	<p>Determine presence of perceived emotional and situational hearing handicaps based on E and S scores.</p> <p>0-16: No Handicap 17-42: Mild to Moderate Handicap ≥43: Significant Handicap</p>
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Ventry, I. M., & Weinstein, B. E. (1982). The Hearing Handicap Inventory for the Elderly: A new tool. *Ear Hear*, 3, 128-134.