

Hearing Handicap Inventory Screening Version (HHIE-S)

The purpose of this scale is to identify the problems your hearing may be causing you. Please check **Yes**, **Sometimes**, or **No** for each question. DO NOT skip a question if you avoid a situation because of your hearing problem.

Patient Name: _____

Date: _____

	Yes (4)	Sometimes (2)	No (0)
Does a hearing problem cause you to feel embarrassed when meeting new people?			
Does a hearing problem cause you to feel frustrated when talking to members of your family?			
Do you have difficulty hearing when someone speaks in a whisper?			
Do you feel handicapped by a hearing problem?			
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
Does a hearing problem cause you to attend religious services less often than you would like?			
Does a hearing problem cause you to have arguments with family members?			
Does a hearing problem cause you difficulty when listening to TV or radio?			
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			

Adapted from Newman, C.W., Weinstein, B.E., Jacobson, G.P., and Hug, G.A.: Test-retest Reliability of the Hearing Handicap Inventory for Adults, *Ear Hear*, 12: 355-357 (1991)

**Need for an Expert
Audiologic Evaluation:**

26 - 40 = Immediate

8-24 = Important

0 - 6 = Not immediate

TOTAL: _____



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