



**Hearing
Systems**

HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)

Name: _____ Date: _____

INSTRUCTIONS: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check 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 your aid.

| | Yes (4) | Sometimes (2) | No (0) |
|--|------------|------------------|-----------|
| Does a hearing problem cause you to use the phone less often than you would like? | | | |
| Does a hearing problem cause you to feel embarrassed when meeting new people? | | | |
| Does a hearing problem cause you to avoid groups of people? | | | |
| Does a hearing problem make you irritable? | | | |
| Does a hearing problem cause you to feel frustrated when talking to members of your family? | | | |
| Does a hearing problem cause you difficulty when attending a party? | | | |
| Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers? | | | |
| 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 feel frustrated when talking to coworkers, clients or customers? | | | |
| Does a hearing problem cause you difficulty in the movies or theater? | | | |
| Does a hearing problem cause you to be nervous? | | | |
| Does a hearing problem cause you to visit friends, relatives, or neighbors 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? | | | |
| Does a hearing problem cause you to go shopping less often than you would like? | | | |
| Does any problem or difficulty with your hearing upset you at all? | | | |
| Does a hearing problem cause you to want to be by yourself? | | | |

TOTAL= _____

0-16% = No handicap 18-42% = Mild-Moderate Handicap 44%+ = Significant Handicap