



# 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