**UTLEY LIP READING TEST**

(Practice Sentences)

1. Good Morning. 3. Hello. 5. Goodbye.

2. Thank You. 4. How Are You?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test Form A Score\_\_\_\_\_\_\_% Test Form B Score\_\_\_\_\_\_\_%**

1. All right. 1. What happened?

2. Where have you been? 2. It is all over.

3. I have forgotten. 3. How old are you?

4. I have nothing. 4. What did you say?

5. That is right. 5. O.K.

6. Look out. 6. No.

7. How have you been? 7. That is pretty.

8. I don’t know if I can. 8. Pardon me.

9. How tall are you? 9. Did you like it?

10. It is awfully cold. 10. Good afternoon.

11. My folks are home. 11. I cannot help it.

12. How much was it? 12. I will see you tomorrow.

13. Good night. 13. You are welcome.

14. Where are you going? 14. You are all dressed up.

15. Excuse me. 15. What is your number?

16. Did you have a good time? 16. I know.

17. What did you want? 17. It is cold today.

18. How much do you weigh? 18. I am hungry.

19. I cannot stand him. 19. I had rather go now.

20. She was home last week. 20. What is your address?

21. Keep your eye on the ball. 21. What does the paper say about the weather?

22. I cannot remember. 22. It is around four o’clock.

23. Of course. 23. Do you understand?

24. I flew to Washington. 24. They went way around the world.

25. You look well. 25. The office opens at nine o’clock.

26. The train runs every hour. 26. None of them are here.

27. You had better go slow. 27. Take two cups of coffee.

28. It said that in the book. 28. Come again.

29. We got home at six o’clock. 29. The thermometer says twenty above.

30. We drove to the country. 30. It is your turn.

31. How much rain fell? 31. It is hard to keep up with the new books.

**SCORING TABLE: CORRECT = % correct.**

**1 = 3% 5 = 16% 9 = 29% 13 = 42% 17 = 55% 21 = 68% 25 = 81%**

**2 = 7 6 = 19 10 = 32 14 = 45 18 = 58 22 = 71 26 = 84**

**3 = 10 7 = 23 11 = 36 15 = 49 19 = 61 23 = 74 27 = 87**

**4 = 13 8 = 26 12 = 39 16 = 52 20 = 65 24 = 78 28 = 90**

**70% above 55 – 69% 40 – 54% Under 40%**

**Mild-Moderate Moderate Severe Ex-severe**

**UTLEY SENTENCE TEST**

Bimodal Auditory Alone Visual Alone Bimodal

(with Amp) (with Amp) without Amp)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 1. 1. 1.

2. 2. 2. 2.

3. 3. 3. 3.

4. 4. 4. 4.

5. 5. 5. 5.

6. 6. 6. 6.

7. 7. 7. 7.

8. 8. 8. 8.

9. 9. 9. 9.

10. 10. 10. 10.

11. 11. 11. 11.

12. 12. 12. 12.

13. 13. 13. 13.

14. 14. 14. 14.

15. 15. 15. 15.

16. 16. 16. 16.

17. 17. 17. 17.

18. 18. 18. 18.

19. 19. 19. 19.

20. 20. 20. 20.

21. 21. 21. 21.

22. 22. 22. 22.

23. 23. 23. 23.

24. 24. 24. 24.

25. 25. 25. 25.

26. 26. 26. 26.

27. 27. 27. 27.

28. 28. 28. 28.

29. 29. 29. 29.

30. 30. 30. 30.

31. 31. 31. 31.

# Correct \_\_\_\_\_\_\_ # Correct \_\_\_\_\_\_\_ # Correct \_\_\_\_\_\_\_ # Correct \_\_\_\_\_\_\_

%Correct \_\_\_\_\_\_\_ % Correct \_\_\_\_\_\_\_ % Correct\_\_\_\_\_\_\_ % Correct \_\_\_\_\_\_\_

**DENVER SCALE QUICK TEST**

Answer

1. Good Morning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How old are you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I live in (state of residence). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I only have one dollar. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. There is somebody at the door. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is that all? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Park your car in the lot. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Where are you going? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Let’s have a coffee break. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What is your address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. May I help you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. I feel fine. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. It is time for dinner. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Turn right at the corner. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Are you ready to order? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Is this charge or cash? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. What time is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. I have a headache. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. How about going out tonight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Please lend me 50 cents. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoring: Correct identification of thought or idea of sentence: value 5%

**HEARING HANDICAP INVENTORY FOR THE ELDERLY**

(Questionnaire)

Information for Clinicians

The Hearing Handicap Inventory for the Elderly is designed to assess the social and emotional effects of hearing impairment. The Inventory was standardized on one hundred subjects aged 65 years and older. The internal consistency (i.e., reliability) of the Inventory is quite high; for example, Chronbach’s Alpha for the entire Inventory is .95 while the reliability of the two subscales ranges from .87 to .93.

The Inventory is divided into two major subscales that explore emotional effects (13 items designated E) and situational effects (12 items designated S). The items dealing with emotional effects are 2, 4, 5, 7, 9, 12, 14, 17, 18, 20, 22, 24, and 25. The situational items are 1, 3, 6, 8, 10, 11, 13, 15, 16, 19, 21, and 23. Scoring is simple: a Yes response is scored 4 points, a No response is scored 0 points, and a Sometimes is given 2 points. A score of 0 is assigned if an item is not applicable. Total score can range from 0 to 100; the higher the score the greater then self-assessed handicap. Please note that the test was standardized using a face-to-face format;

that is, the experimenters read the instructions and the items to the subjects asking them to respond to Yes, No, or Sometimes to each item. If a pencil and paper format is employed, a clinician probably should be available to answer any questions the patient may have. Administration time in the face-to-face format is about five to ten minutes.

The Inventory may be reproduced without permission. However, the title page and author listing must also be reproduced. We are interested in your experience with the Hearing Handicap Inventory and would appreciate any suggestions you may have with respect to its use.

**HEARING HANDICAP INVENTORY FOR THE ELDERLY**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:**

**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 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 the aid.**

S-1. Does a hearing problem cause you to use the phone less often than you would like?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-2. Does a hearing problem cause you to feel embarrassed when meeting new people?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-3. Does a hearing problem cause you to avoid groups of people?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-4. Does a hearing problem make you irritable?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-5. Does a hearing problem cause you to feel frustrated when talking to members of your family?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-6. Does a hearing problem cause you difficulty when attending a party?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-7. Does a hearing problem cause you to feel “stupid” or “dumb”?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-8. Do you have difficulty hearing when someone speaks in a whisper?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-9. Do you feel handicapped by a hearing problem?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**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 the aid.**

S-10. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-11. Does a hearing problem cause you to attend religious services less often than you would like?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-12. Does a hearing problem cause you to be nervous?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-14. Does a hearing problem cause you to have arguments with family members?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-15. Does a hearing problem cause you difficulty when listening to TV or radio?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-16. Does a hearing problem cause you to go shopping less often than you would like?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-17. Does any problem or difficulty with your hearing upset you at all?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-18. Does a hearing problem cause you to want to be by yourself?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-19. Does a hearing problem cause you to talk to family members less often than you would like?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**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 the aid.**

S-21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-22. Does a hearing problem cause you to feel depressed?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

S-23. Does a hearing problem cause you to listen to TV or the radio less often than you would like?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-24. Does a hearing problem cause you to feel uncomfortable

when talking to friends?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

E-25. Does a hearing problem cause you to feel left out when you

are with a group of people?

Yes \_\_\_\_\_\_\_ Sometimes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

**IMPORTANT – PLEASE GO BACK OVER THE QUESTIONS TO MAKE SURE YOU**

**HAVE NOT SKIPPED ANY. REMEMBER, DO NOT SKIP A QUESTION IF YOU AVOID A SITUATION BECAUSE OF YOUR HEARING IMPAIRMENT. ALSO, MAKE SURE THAT YOU ANSWERED THE WAY YOU HEAR WITHOUT A HEARING AID.**

FOR CLINICIANS USE ONLY:

Total Score:\_\_\_\_\_\_\_\_ Subtotal E:\_\_\_\_\_\_\_\_ Subtotal S:\_\_\_\_\_\_\_\_

**NURSE’S HEARING HANDICAP ASSESSMENT SCALE**

Patient’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Room Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer: YES NO SOMETIMES (circle one)

1. Does a hearing problem cause this patient difficulty understanding what you say?

YES NO SOMETIMES

1. Do other nurses, physicians, or therapists complain that this patient has difficulty understanding what they say?

YES NO SOMETIMES

1. Do you find that a hearing problem sometimes causes this patient to give inappropriate responses?

YES NO SOMETIMES

1. Do family members complain that a hearing problem causes this patient to misunderstand what they say?

YES NO SOMETIMES

1. Does a hearing problem cause this patient difficulty when talking with other residents?

YES NO SOMETIMES

1. Does a hearing problem cause this patient to avoid talking with staff members and/or other residents?

YES NO SOMETIMES

1. Do you find that you have to raise your voice or stand close to this patient when you talk with him or her?

YES NO SOMETIMES

1. Does a hearing problem prevent this patient from participating in social activities?

YES NO SOMETIMES

1. Do you think that a hearing problem upsets, frustrates, or embarrasses this patient?

YES NO SOMETIMES

1. Do you think this patient would benefit from a hearing aid?

YES NO SOMETIMES

NURSE’S OVERALL IMPRESSION OF DEGREE OF HEARING HANDICAP (circle one):

None Mild Moderate Severe

**EXPLANATION OF EVALUATIONS**

Type

A. HHIE: 25 questions

Full diagnostic test

Administer to all patients initial, 60-day, 90-day

B. HHIE-N: 11 questions

Screening for nursing home patients

Administer initial, second day of treatment, 60-day, 90-day

C. HHIE-S: 10 questions

Screening for Board/Care and Retirement Center residents

Administer initial, second day of treatment, 60-day, 90-day

D. Nurse’s Handicap Assessment Scale: 10 questions

Questionnaire for nursing assistants of patients in nursing home

Administer initial and at the end of the Program

**DEGREE OF IMPAIRMENT**

Scores

TYPE A: 0 – 16 Mild

17 – 42 Moderate

42+ Severe

TYPE B or C: 0 – 8 Mild

9 – 20 Mild-Moderate

21 – 30 Moderate-Severe

31 – 40 Severe

**WEPMAN**

**AUDITORY DISCRIMINATION TEST**

**FORM I**

1. tub - tug 21. cat - cap

2. lack - lack 22. din - bin

3. web - wed 23. lath - lash

4. leg - led 24. bum - bomb

5. chap - chap 25. clothe - clove

6. gum - dumb 26. moon - noon

7. bale - gale 27. shack - sack

8. sought - fought 28. sheaf - sheath

9. vow - thou 29. king - king

10. shake - shape 30. badge - badge

11. zest - zest 31. pork - cork

12. wretch - wretch 32. fie - thigh

13. thread - shred 33. shoal - shawl

14. jam - jam 34. tall - tall

15. bass - bath 35. par - par

16. tin - pin 36. pat - pet

17. pat - pack 37. muff - muss

18. dim - din 38. pose - pose

19. coast - toast 39. lease - leash

20. thimble - symbol 40. pen - pin

Impairments

17 or lower = severe

18 – 25 = moderate-severe

26-33 = moderate

34-40 = mild

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Clinician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number correct: with amplification \_\_\_\_\_\_\_\_ without amplification \_\_\_\_\_\_\_\_

Impairment:

with amplification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

without amplification \_\_\_\_\_\_\_\_\_\_\_\_\_

+ Correct - Incorrect

**CLASSIFICATION OF HEARING HANDICAP FOR THE OLDER ADULT**

**ANSI Handicap Speech Discrimination**

**Psychological Implications**

**Hearing Aid Need**

**Aural RehabilitationNeed**

25 dB Mild

Difficulty with faint speech. Slight strain to hear others.

Occasional use.

Occasional benefit from auditory discrimination training and speech reading.

40 dB Moderate (Mild)

Trouble frequently with normal speech at one meter.

Nervousness or anxiety when in noisy or crowded listening situations.

Hearing aids are frequently needed.

Recommended to enhance adjustment to amplification. Social skill education to minimize handicap.

55 dB Moderately Severe (marked)

Frequent difficulty with loud speech. Emotional, social & psychological problems are frequent.

Symptoms include anger, withdrawal, isolation, confusion, and depression.

Generally the area of greatest satisfaction from an aid.

AR highly recommended. Auditory discrimination training especially for speech sounds associated with hearing loss. Benefits from speech reading training.

70 dB Severe

Might understand shouted or amplified speech, but this will depend upon other factors of impairment, etc. Usually very low participation in social activities. Psychological

problems are measurable.

Generally, good results, but benefits depend on auditory discrimination, etc.

Amplification must be initiated in conjunction with auditory training to achieve any

measurable success.

Education in speech reading and social awareness skills stressed.

90 dB Profound (extreme)

Generally no understanding of speech even amplified. Environmental sounds not heard.

Total isolation from world around them. Profound psychological and social effects may be

observed.

Help from aid to improve environmental awareness. Speech reading and voice quality often helped.

Auditory training for environmental cues. Speech reading therapy necessary. Manual

Communication sometimes utilized.