



THE CENTERS FOR ADVANCED

ENT CARE

Chesapeake Otolaryngology Division

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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)
S-1.	Does a hearing problem cause you to use the phone less often than you would like?			
E-2.	Does a hearing problem cause you to feel embarrassed when meeting new people?			
S-3	Does a hearing problem cause you to avoid groups of people?			
E-4	Does a hearing problem make you irritable?			
E-5.	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
S-6.	Does a hearing problem cause you difficulty when attending a party?			
S-7.	Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?			
E-8.	Do you feel handicapped by a hearing problem?			
S-9.	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
E-10	Does a hearing problem cause you to feel frustrated when talking to coworkers, clients or customers?			
S-11	Does a hearing problem cause you difficulty in the movies or theater?			
E-12	Does a hearing problem cause you to be nervous?			
S-13	Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?			
E-14	Does a hearing problem cause you to have arguments with family members?			
S-15	Does a hearing problem cause you difficulty when listening to TV or radio?			
S-16	Does a hearing problem cause you to go shopping less often than you would like?			
E-17	Does any problem or difficulty with your hearing upset you at all?			
E-18	Does a hearing problem cause you to want to be by yourself?			



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		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?			
E-20	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
S-21	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			
E-22	Does a hearing problem cause you to feel depressed?			
S-23	Does a hearing problem cause you to listen to TV or the radio less often than you would like?			
E-24	Does a hearing problem cause you to feel uncomfortable when talking to friends?			
E-25	Does a hearing problem cause you to feel left out when you are with a group of people?			

NO = 0 points

Sometimes = 2 points

YES = 4 points

Total # of points ____ / 100

Total # of points for SOCIAL ____ -/ 48 = ____

Total # of points for EMOTIONAL ____ / 52 = ____

0 (no handicap) to 100 (total handicap)

0-16% = No handicap

18-42% = Mild-Moderate Handicap

44%+ = Significant Handicap

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)