

## PRE/POST - HEARING HANDICAP INVENTORY (HHIE-S)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**INSTRUCTIONS:** The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select **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 with the hearing aid(s).

Question	Yes	Sometimes	No
Does a hearing problem cause you to feel embarrassed when you meet new people?			
Does a hearing problem cause you to feel frustrated when talking to a member 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 conferences or 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 television or radio?			
Do you feel that any difficulty with your hearing limits/hampers your personal or social life?			
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			
<i>For Audiologist Only</i> <b>TOTALS:</b>			
<b>INTERPRETATION</b>	x 4 =	x 2 =	x 0 =
<b>TOTAL SCORE</b>	<b>TOTAL SCORE:</b>		
0 – 8	No Handicap		
10 – 24	Mild-Moderate Handicap		
26 – 40	Severe Handicap		

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