



Hearing Handicap Inventory for the Elderly (HHIE)

Name: _____ Date: _____

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 any questions. If you use a hearing aid, please answer the way you hear without a hearing aid.

S-1. Does a hearing problem cause you to use the phone less often than you would like?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
E-2. Does a hearing problem cause you to feel embarrassed when meeting new people?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
S-3. Does a hearing problem cause you to avoid groups of people?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
E-4. Does a hearing problem make you irritable?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
E-5. Does a hearing problem cause you to feel frustrated when talking to members of your family?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)

<p>S-6. Does a hearing problem cause you difficulty when attending a party?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-7. Does a hearing problem cause you to feel “stupid” or “dumb”?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-8. Do you have difficulty hearing when someone speaks in a whisper?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-9. Do you feel handicapped by a hearing problem?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-10. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-11. Does a hearing problem cause you to attend religious services less often than you would like?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-12. Does a hearing problem cause you to be nervous?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>

<p>E-14. Does a hearing problem cause you to have arguments with family members?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-15. Does a hearing problem cause you difficulty when listening to TV or radio?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-16. Does a hearing problem cause you to go shopping less often than you would like?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-17. Does any problem or difficulty with your hearing upset you at all?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-18. Does a hearing problem cause you to want to be by yourself?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-19. Does a hearing problem cause you to talk to family members less often than you would like?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>

<p>E-22. Does a hearing problem cause you to feel depressed?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>S-23. Does a hearing problem cause you to listen to TV or radio less often than you would like?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-24. Does a hearing problem cause you to feel uncomfortable when talking to friends?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>
<p>E-25. Does a hearing problem cause you to feel left out when you are with a group of people?</p>	<p><input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)</p>

For clinician use only:

<p>Fill in the number of points for each question ('Yes'=4, 'Sometimes'=2, 'No'=0)</p> <p>Emotional (E) questions: 2 ___ 4 ___ 5 ___ 7 ___ 9 ___ 12 ___ 14 ___ 17 ___ 18 ___ 20 ___ 22 ___ 24 ___ 25 ___</p> <p>Subtotal E: _____ (52 maximum)</p> <p>Situational (S) questions: 1 ___ 3 ___ 6 ___ 8 ___ 10 ___ 11 ___ 13 ___ 15 ___ 16 ___ 19 ___ 21 ___ 23 ___</p> <p>Subtotal S: _____ (48 maximum)</p> <p>Total score: _____ (100 maximum)</p>	<p>Determine presence of perceived emotional and situational hearing handicaps based on E and S scores.</p> <p>0-16: No Handicap 17-42: Mild to Moderate Handicap ≥43: Significant Handicap</p>
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Ventry, I. M., & Weinstein, B. E. (1982). The Hearing Handicap Inventory for the Elderly: A new tool. *Ear Hear*, 3, 128-134.