

HEARING HANDICAP INVENTORY (A&E VERSIONS)



Jacksonville **Hearing & Balance** Institute
At Center One

PATIENT NAME		DATE OF BIRTH			
INSTRUCTIONS					
<p>The purpose of this questionnaire is to identify the problems your hearing loss may be causing you. Circle Yes, Sometimes, or No, for each question. DO NOT SKIP A QUESTION IF YOU AVOID A SITUATION BECAUSE OF A HEARING PROBLEM. If you currently use hearing aids, please answer as to how you do WITHOUT your hearing aids.</p>					
STATEMENTS					
E-1	Does your hearing problem cause you to feel embarrassed when meeting new people?	YES	NO	SOMETIMES	
E-2	Does a hearing problem cause you to feel frustrated when talking to members of your family?	YES	NO	SOMETIMES	
S-3	Does a hearing problem cause you difficulty understanding co-workers, clients, or customers?	YES	NO	SOMETIMES	
E-4	Do you feel handicapped by a hearing problem?	YES	NO	SOMETIMES	
S-5	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	YES	NO	SOMETIMES	
S-6	Does a hearing problem cause you difficulty in the movie or theater?	YES	NO	SOMETIMES	
S-7	Does a hearing problem cause you to have arguments with family members?	YES	NO	SOMETIMES	
S-8	Does a hearing problem cause you difficulty when listening to the TV or radio?	YES	NO	SOMETIMES	
E-9	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	YES	NO	SOMETIMES	
S-10	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	YES	NO	SOMETIMES	
S-7*	Does a hearing problem cause you to attend religious services less often than you would like?	YES	NO	SOMETIMES	
S-11*	Do you have difficulty hearing when someone speaks in a whisper?	YES	NO	SOMETIMES	

(FOR OFFICE USE) SCORE E: _____ SCORE S: _____ SCORE T: _____