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 Dallas, Texas 75248-1760
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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 NO, SOMETIMES, or YES for each question. Do not skip a question if you avoid a situation because of your hearing problem. If you wear hearing instruments, please **answer the way you hear without hearing instruments.**

Question	No	Sometimes	Yes
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 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?			

Total 'No' _____ x 0 = _____
 Total 'Sometimes' _____ x 2 = _____
 Total 'Yes' _____ x 4 = _____
TOTAL SCORE _____

TOTAL SCORE	IMPAIRMENT
0 – 8	No Handicap
10 – 24	Mild-Moderate Handicap
25 – 40	Severe Handicap