ELITE HEARING
of Colorado Springs
(719) 633 - 2685

Hearing Handicap Inventory for Adults (HHIA)

The purpose of this scale is to identify the problems your hearing loss may be causing you. Please circle 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**.

1. Does a hearing problem cause you to use the phone less often than you would like?

YES NO SOMETIMES

2. Does a hearing problem cause you to feel embarrassed when meeting new people?

YES NO SOMETIMES

3. Does a hearing problem cause you to avoid groups of people?

YES NO SOMETIMES

4. Does a hearing problem make you irritable?

YES NO SOMETIMES

5. Does a hearing problem cause you to feel frustrated when talking to members of your family?

YES NO SOMETIMES

6. Does a hearing problem cause you difficulty when attending a party?

YES NO SOMETIMES

7. Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?

YES NO SOMETIMES

8. Do you feel handicapped by a hearing problem?

YES NO SOMETIMES

9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?

YES NO SOMETIMES

10. Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, customers?

YES NO SOMETIMES

11. Does a hearing problem cause you difficulty in the movies or theater?

YES NO SOMETIMES

12. Does a hearing problem cause you to be nervous?

YES NO SOMETIMES

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13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?

YES NO SOMETIMES

14. Does a hearing problem cause you to have arguments with family members?

YES NO SOMETIMES

15. Does a hearing problem cause you difficulty when listening to TV or radio?

YES NO SOMETIMES

16. Does a hearing problem cause you to go shopping less often than you would like?

YES NO SOMETIMES

17. Does any problem or difficulty with your hearing upset you at all?

YES NO SOMETIMES

18. Does a hearing problem cause you to want to be by yourself?

YES NO SOMETIMES

19. Does a hearing problem cause you to talk to family members less often than you would like?

YES NO SOMETIMES

20. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

YES NO SOMETIMES

21. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?

YES NO SOMETIMES

22. Does a hearing problem cause you to feel depressed?

YES NO SOMETIMES

23. Does a hearing problem cause you to listen to TV or radio less often than you would like?

YES NO SOMETIMES

24. Does a hearing problem cause you to feel uncomfortable when talking to friends?

YES NO SOMETIMES

25. Does a hearing problem cause you to feel left out when you are with a group of people?

YES NO SOMETIMES