

Hearing Handicap Inventory – Screening Version (HHIE-S)

Instructions:

Please circle YES, SOMETIMES, or NO to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem. If you use a hearing aid, please answer the way you hear without the aid.

E-1. Does a hearing problem cause you to feel embarrassed when meeting new people?	YES	SOMETIMES	NO
E-2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	YES	SOMETIMES	NO
S-3. Do you have difficulty hearing when someone speaks in a whisper?	YES	SOMETIMES	NO
E-4. Do you feel handicapped by a hearing problem?	YES	SOMETIMES	NO
S-5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	YES	SOMETIMES	NO
S-6. Does a hearing problem cause you to attend religious services less often than you would like?	YES	SOMETIMES	NO
E-7. Does a hearing problem cause you to have arguments with family members?	YES	SOMETIMES	NO
S-8. Does a hearing problem cause you difficulty when listening to TV or radio?	YES	SOMETIMES	NO
E-9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	YES	SOMETIMES	NO
S-10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	YES	SOMETIMES	NO

For Audiologist Use Only: TOTAL SCORE: _____

SUBTOTAL E: _____

SUBTOTAL S: _____

0-8 NO REFERRAL
10-24 MODERATE HANDICAP
26-40 REFER

PATIENT QUESTIONARE

What brought you to our office today? _____

What is your experience with hearing aids? *(check all that apply)*

- I have never visited with an Audiologist to inquire about Hearing Aids.
- I have visited with an Audiologist to gather information regarding my hearing difficulties, but I have not tried or purchased.
- I have tried hearing aids but returned the instruments.
- I have hearing aids but only wear it occasionally or not at all.
- I have a hearing aid and wear it regularly on the left ear, right ear.

Please rank the following in terms of their importance in a hearing aid. *(1 through 4, with 1 being the most important):*

- Overall Sound Quality Reliability Style/Appearance Cost

On a scale of 1-10, how motivated are you regarding doing something about your hearing loss?
(Please circle one)

1	2	3	4	5	6	7	8	9	10
Not		Somewhat				Very		Extremely	
Motivated		Motivated		Motivated		Motivated		Motivated	