



HEARING INVENTORY SCREENING QUESTIONNAIRE FOR ADULTS

Please answer **No**, **Sometimes**, or **Yes** for each question. Do not skip a question if you avoid a situation because of a hearing problem. If you use a hearing aid, please answer according to the way you hear with the hearing aid.

Patient name: _____ Date: _____ Parent(s)/Guardian(s): _____

QUESTIONS	NO	SOMETIMES	YES
Does a hearing problem cause you to feel embarrassed when you meet new people?	0	2	4
Does a hearing problem cause you to feel frustrated when talking to family members?	0	2	4
Do you have difficulty hearing/understanding co-workers, clients/ customers or waitstaff?	0	2	4
Do you feel significantly disadvantaged by a hearing problem?	0	2	4
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	0	2	4
Does a hearing problem cause you difficulty at the movies or the theatre?	0	2	4
Does a hearing problem cause you to have arguments with family members?	0	2	4
Does a hearing problem cause you difficulty when listening to the TV or radio?	0	2	4
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	0	2	4
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	0	2	4
TOTAL:			
GRAND TOTAL:			

Newman, C. W., Weinstein, B. E., Jacobson, G. P., & Hug, G. A. (1990). The Hearing Handicap Inventory for Adults: psychometric adequacy and audiometric correlates. Ear and Hearing, 11, 430-433.

