

# 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.

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|--|-----|-----------|----|
| 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 |

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For Audiologist Use Only:      TOTAL SCORE: \_\_\_\_\_  
   SUBTOTAL E: \_\_\_\_\_  
   SUBTOTAL S: \_\_\_\_\_

**0-8 NO REFERRAL**

**10-24 MODERATE HANDICAP**

**26-40 REFER**