

## HEARING HANDICAP INVENTORY (RHHI 2020)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Interval: \_\_\_\_\_

### Instructions:

The purpose of this scale is to identify problems your loss may be causing you. Answer YES, SOMETIMES, or NO for each question. Make a ✓ mark in the appropriate block. Please do not skip a question if you avoid a situation because of your hearing problem.

		YES (4)	SOME- TIMES (2)	NO (0)
1	Does a hearing problem cause you difficulty when listening to TV or radio?			
2	Does a hearing problem cause you difficulty when attending a party?			
3	Does any problem or difficulty with your hearing upset you at all?			
4	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
5	Does your hearing problem cause you to feel left out when you are with a group of people?			
6	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbours?			
7	Do you feel handicapped by a hearing problem?			
8	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
9	Does a hearing problem cause you to feel uncomfortable when talking to friends?			
10	Does a hearing problem cause you to avoid groups of people?			
11	Does a hearing problem cause you to use the phone less often than you would like?			

		YES (4)	SOME- TIMES (2)	NO (0)
12	Does your hearing problem cause you to be nervous?			
13	Does your hearing problem cause you to listen to TV or radio less often than you would like to?			
14	Does your hearing problem cause you to talk to family members less often than you would like?			
15	Does your hearing problem cause you to want to be by yourself?			
16	Does your hearing problem cause you to feel depressed?			
17	Does a hearing problem cause you to visit friends, relatives or neighbours less often than you would like?			
18	Does a hearing problem cause you to go shopping less often than you would like?			

FOR AUDIOLOGIST'S USE ONLY: Total Score: \_\_\_\_\_