Hearing Handicap Inventory for Adults (HHIA)\*



O Yes

O Sometimes

Second Chance Hearing Center, Inc. 3180 Willow Lane, Ste 218 Thousand Oaks, CA 91361

Phone: (805) 870-4498

	Fax: (805) 870-4625
The purpose of this scale is to identify the problems your hearing loss may be causing you. Please select YES, SOMETIMES, or N 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. S-1. Does a hearing problem cause you to use the phone less often th	an you would like? (required)
OYes	
OSometimes	r.
ONo	
2. E-2. Does a hearing problem cause you to feel embarrassed when me	eting new people? (required)
○Yes	
Osometimes	
○ No	
3. S-3. Does a hearing problem cause you to avoid groups of people? (	required)
○Yes	
OSometimes	
○ No	
4. E-4. Does a hearing problem make you irritable? (required)	
○Yes	
Osometimes	
○ No	
5. E-5. Does a hearing problem cause you to feel frustrated when talking	g to members of your family? (required)
○Yes	
○ Sometimes	
○ No	
6. S-6. Does a hearing problem cause you difficulty when attending a pa	arty? (required)
OYes	
Osometimes	
○ No	
7. S-7. Does a hearing problem cause you difficulty hearing/understand	ding coworkers, clients, or customers? (required)
○Yes	
○ Sometimes	

Osmetimes Obe 10. Does a hearing problem cause you to feel frustrated when talking to coworkers, clients, customers? (required) Oyes Osometimes No 11. S-11. Does a hearing problem cause you difficulty in the movies or theater? (required) Oyes Osometimes No 12. E-12. Does a hearing problem cause you to be nervous? (required) Oyes Osometimes No 13. S-13. Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like? (required) Oyes Osometimes No Other Company of the problem cause you to have arguments with family members? (required) Oyes Osometimes No 14. E-14. Does a hearing problem cause you to have arguments with family members? (required) Oyes Osometimes No 15. S-15. Does a hearing problem cause you difficulty when listening to TV or radio? (required) Oyes Osometimes No 16. S-16. Does a hearing problem cause you to go shopping less often than you would like? (required) Oyes Osometimes No 17. E-17. Does any problem or difficulty with your hearing upset you at all? (required) Oyes Osometimes No	O No	* *
Sometimes    Sometimes	9. S-9. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? (	required)
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19. S-19. Does a hearing problem cause you to talk to family members less often than you would like? (required)	O No	
	19. S-19. Does a hearing problem cause you to talk to family members less often than you would lik	(e? (required)

○Yes	
O Sometimes	
O No	
20. E-20. Do you feel that any	difficulty with your hearing limits or hampers your personal or social life? (required)
OYes	•
O Sometimes	
ONo	
21. S-21. Does a hearing prob	olem cause you difficulty when in a restaurant with relatives or friends? (required)
OYes	
O Sometimes	
○ No	
22. E-22. Does a hearing prob	plem cause you to feel depressed? (required)
OYes	
O Sometimes	Y
○ No	
23. S-23. Does a hearing prol	olem cause you to listen to TV or radio less often than you would like? (required)
○Yes	
O Sometimes	
○ No	
24. E-24. Does a hearing prol	olem cause you to feel uncomfortable when talking to friends? (required)
OYes	
O Sometimes	
○ No	
25. E-25. Does a hearing pro	olem cause you to feel left out when you are with a group of people? (required)
O Yes	
A manufacture of the control of the	
○ Sometimes	