

Vernick & Gopal, LLC
Audiology Services
617-383-6830

Pt. Name: _____

DOB: _____

Date: _____

SSIMED#: _____

(Office use)

Hearing Handicap Inventory (Ventry and Weinstein, 1972)

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