

Revised Hearing Handicap Inventory – Screening (RHHI-S)

Instructions: The purpose of this scale is to identify the problems your hearing loss may be causing you. Answer YES, SOMETIMES, or NO 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 without the aid.

	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 a hearing problem cause you to feel frustrated when talking to members of your family?	___	___	___
4. Does a hearing problem cause you to feel left out when you are with a group of people?	___	___	___
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	___	___	___
6. Do you feel handicapped by a hearing problem?	___	___	___
7. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	___	___	___
8. Does a hearing problem cause you to feel uncomfortable when talking to friends?	___	___	___
9. Does a hearing problem cause you to avoid groups of people?	___	___	___
10. Does a hearing problem cause you to visit friends, relatives or neighbors less often than you would like?	___	___	___

FOR CLINICIAN'S USE ONLY: Total score: \_\_\_\_\_