



HEARING HANDICAP INVENTORY FOR THE ELDERLY



ID NUMBER:

FORM CODE:

DATE: 03/17/2022
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Script: "The purpose of this scale is to identify how hearing loss may affect you. Please select 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 or other hearing technologies, please answer the way you hear while using a hearing aid or other hearing technologies."

	YES	SOMETIMES	NO
1) Does a hearing problem cause you to feel embarrassed when meeting new people?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2) Does a hearing problem cause you to feel frustrated when talking to members of your family?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3) Do you have difficulty hearing when someone speaks in a whisper?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4) Do you feel handicapped by a hearing problem?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5) Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6) Does a hearing problem cause you to attend religious services less often than you would like?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7) Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8) Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9) Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10) Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0



Instructions for the Hearing Handicap Inventory for the Elderly-Screening (HHI) Form

I. General Instructions

Prior to administering the Hearing Handicap Inventory for the Elderly-Screening (HHI) Form, all examiners are to be certified by attending central training. Certification in HHI form administration is maintained by completing at least four sessions per month and completing quarterly review sessions with training team.

The questionnaire should be administered in a quiet room with minimal ambient noise. Participants should be encouraged to use any listening devices they may own or rely on.

In order to obtain consistent results and minimize any effect of the staff member administering the questionnaire, examiners should:

- Speak clearly and at a normal, businesslike pace so that participants can fully understand questions without extending the time needed to administer the questionnaire by constantly repeating the questions.
- Have participants read questions when they have trouble following oral exam administration.
- Consider modifying the pace if the participant shows frustration and/or a lack of understanding (i.e. slow down pace and increase volume of voice if necessary) or if the participant shows annoyance and consistently jumps ahead (i.e. increase pace of questions to match their pace).
- Have a relaxed and friendly manner.
- Maintain a neutral, but conversational, tone when asking questions. Please attempt to sound natural and enthusiastic about the questions regardless of how many times one has already asked the questions (i.e. it is difficult to consistently administer the same questionnaire but please avoid sounding robotic in questioning).
- Maintain a neutral response to participants' answers – do not indicate any reaction (e.g. surprise, disapproval).

A short break is discouraged but may be necessary if the participant becomes fatigued.

No questions should be skipped during the form. **Please be familiar with all questions prior to administering the questionnaire.**

All questions on this form are multiple choice and should be selected using a check mark in the appropriate box.

In general, since participant motivation and level of understanding can have a significant impact on performance and length of time required for administration, the questionnaire should be administered according to the protocol and in the following sequence:

- Explain the procedure to the study participant making sure to convey key points from the suggested script.
- Ask the participant if they have any questions.
- Read the participant the question and multiple choice answers as they are written on the questionnaire (i.e. verbatim)
- Ask the participant to select the most appropriate answer.
- If the participant displays difficulty answering the question, first repeat question, answer, and/or instructions.
- Minimize missing data as much as possible by encouraging the participant to respond with their best guess or most appropriate answer if they respond "I don't know"

Use the script provided to assure that all key points are covered. Do not provide additional description or encouragement beyond the key points provided by the QxQ.

Suggested script for instructions:

*The purpose of this scale is to identify how hearing loss may affect you. Please select 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 or other hearing technologies, **please answer the way you hear while using your hearing aid or other hearing technologies.***

II. Detailed Instructions for Each Item

1-10. All the questions on the HHI form use the same response set: Yes, Sometimes, No. Select from the dropdown the participant's response to the following questions:

1. Does a hearing problem 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 TV or 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?

Please note that these questions should be read verbatim and with minimal explanation as the questionnaire is designed to get the participant's attitude toward how their own hearing loss affects them. Too much explanation from the technician could skew the results.