



**Dr Iain Butler**  
Ear, Nose & Throat Specialist

MChB MMed (ORL) (UFS)  
PR No. 0299111 MP0521612

Suite 405 St George's Hospital  
Park Drive, Port Elizabeth, 6001  
PO Box 7842, Newton Park, 6055

Tel: +27 (0)41 492 3185  
Fax/Email: +27 86 439 5357  
reception@drbutler.co.za  
www.drbutler.co.za

## HEARING HANDICAP INVENTORY FOR ADULTS

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions: The purpose of the scale is to identify the problems your hearing loss may be causing you. Mark 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** your aid.

<b>Questions</b>		YES 4	SOMETIMES 2	NO 0
S1	Does your hearing problem cause you to use the phone less often than you would like?			
E2	Does a hearing problem cause you to feel embarrassed when meeting new people?			
S3	Does a hearing problem cause you to avoid groups of people?			
E4	Does a hearing problem make you irritable?			
E5	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
S6	Does a hearing problem cause you difficulty when attending a party?			
S7	Does a hearing problem cause you difficulty hearing/understanding co-workers, clients or customers?			
E8	Do you feel handicapped by a hearing problem?			



