

AudioLife Hearing Center

Phone: 865-694-9870 -- Fax: 865-694-9871

Patient: _____

Date: _____

HHIE Screening Form:

Please answer the following questions by checking YES, NO, OR SOMETIMES to each question.

	Yes	No	Some- times
E Does a hearing problem cause you to feel embarrassed when meeting new people?	_____	_____	_____
E Does a hearing problem cause you to feel frustrated when talking to members of your family?	_____	_____	_____
S Do you have difficulty hearing when someone speaks in a whisper?	_____	_____	_____
E Do you feel handicapped by a hearing problem?	_____	_____	_____
S Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	_____	_____	_____
S Does a hearing problem cause you to attend religious services less often than you would like?	_____	_____	_____
E Does a hearing problem cause you to have arguments with family members?	_____	_____	_____
S Does a hearing problem cause you difficulty when listening to TV or radio?	_____	_____	_____
E Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	_____	_____	_____
S Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	_____	_____	_____

TOTAL SCORE = _____ (sum of the points assigned to each of the items)

Please turn in to Audiologist for interpretation of screening.

Scoring the HHIE-S:

Yes – 4 points

Sometimes – 2 Points

No – 0 points

Interpretation of score:

0-8 suggests no hearing handicap

10-24 suggests mild-moderate hearing handicap

26-40 suggests significant hearing handicap

E = Emotional; S = Social

****Refer for additional hearing evaluation if score is > 10 points**

The sensitivity & specificity of this test is reported to be in the range of 70-80% for identification of moderate to severe hearing

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loss.