

Name: _____



Otolaryngology
Head & Neck Surgery
Facial Plastic Surgery
Allergy
Sleep Apnea/Snoring

Associates of Nassau County, PC

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HEARING HANDICAP INVENTORY FOR ADULTS (18-65 years old)

Please answer "yes" "no" or "sometimes" to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem. If you wear a hearing aid, please answer the way you hear without the hearing aid. Please add your total points at the bottom.

	Item	Yes (4 Points)	No (0 Points)	Sometimes (2 Points)
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.	Does a hearing problem cause you difficulty hearing or understanding coworkers, clients, or customers?			
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 difficulty in the movies or theater?			
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 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 meeting or a conference?			

Total Points: _____

Scoring: 0-9= 13% probability of a hearing impairment, 10-24= 50% probability of a hearing impairment, 25-40= 84% probability of a hearing impairment.