

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 ELDERLY (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 you meet new people?			
2.	Does a hearing problem cause you to feel frustrated when talking to a member of your family?			
3.	Do you have difficulty hearing when someone speaks in a whisper?			
4.	Does 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 television or radio?			
9.	Do you feel that any difficulty with your hearing limits/hampers your personal or social life?			
10.	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			

Total Points: _____

Scoring: 0-8= No Handicap 10-24= Mild-Moderate Handicap 25-40= Severe Handicap