Revised Hearing Handicap Inventory (RHHI)

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

1. Does a hearing problem cause you difficulty when listening to TV or radio?  
2. Does a hearing problem cause you difficulty when attending a party?  
3. Does any problem or difficulty with your hearing upset you at all?  
4. Does a hearing problem cause you to feel frustrated when talking to members of your family?  
5. Does a hearing problem cause you to feel left out when you are with a group of people?  
6. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?  
7. Do you feel handicapped by a hearing problem?  
8. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?  
9. Does a hearing problem cause you to feel uncomfortable when talking to friends?  
10. Does a hearing problem cause you to avoid groups of people?  
11. Does a hearing problem cause you to use the phone less often than you would like?  
12. Does a hearing problem cause you to be nervous?  
13. Does a hearing problem cause you to listen to TV or radio less often than you would like?  
14. Does a hearing problem cause you to talk to family members less often than you would like?  
15. Does a hearing problem cause you to want to be by yourself?  
16. Does a hearing problem cause you to feel depressed?  
17. Does a hearing problem cause you to visit friends, relatives or neighbors less often than you would like?  
18. Does a hearing problem cause you to go shopping less often than you would like?

FOR CLINICIAN'S USE ONLY: Total score: ________