

## Attachment 2

### Hearing Handicap Inventory

**Name of test:** Hearing Handicap Inventory  
**Estimated time burden:** 3 minutes

Materials:

Laptop  
Monitor  
Mouse

Description:

This set of questions allows the participant to self-report any difficulties with hearing or hearing-related activities. Each participant will answer 12 questions.

Administration Instructions:

The following instructions are on the screen for the participant to read along with the examiner.

Say:

**“The purpose of this questionnaire is to identify any problems your hearing may cause you. Select ‘No’, ‘Sometimes’, or ‘Yes’ to answer each question. Do not skip a question if you avoid a situation because of a hearing problem. If you currently use hearing aids, please answer as if you were WITHOUT your hearing aids.”**

**“After you make your choice, the computer will automatically go on to the next question. If you want to change your answer, select the GO BACK button to return to the question, then choose a different answer.”**

**“Select the CONTINUE button when you are ready to begin.”**

If a participant has difficulty using the mouse, he/she may point and the examiner may operate the mouse. The examiner should say something like the following to the participant:

**“You can point to your choice and then I will use the mouse to select it for you.”**

HHIA-S E-1 Does a hearing problem cause you to feel embarrassed when meeting new people?  
Yes Sometimes No

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Public reporting burden for this collection of information is estimated to average 2 1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*) EXP: (xx/xxxx). Do not return the completed form to this address.

- HHIA-S E-2 Does a hearing problem cause you to feel frustrated when talking to members of your family? Yes Sometimes No
- HHIA-S S-3 Does a hearing problem cause you difficulty hearing/understanding co-workers, clients, or customers? Yes Sometimes No
- HHIA-S E-4 Do you feel handicapped by a hearing problem? Yes Sometimes No
- HHIA-S S-5 Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? Yes Sometimes No
- HHIA-S S-6 Does a hearing problem cause you difficulty in the movies or theater? Yes Sometimes No
- HHIA-S S-7 Does a hearing problem cause you to have arguments with family members? Yes Sometimes No
- HHIA-S S-8 Does a hearing problem cause you difficulty when listening to TV or radio? Yes Sometimes No
- HHIA-S E-9 Do you feel that any difficulty with your hearing limits or hampers your personal or social life? Yes Sometimes No
- HHIA-S S-10 Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? Yes Sometimes No
- HHIE-S S-6 Does a hearing problem cause you to attend religious services less often than you would like? Yes Sometimes No
- HHIE-S S-3 Do you have difficulty hearing when someone speaks in a whisper? Yes Sometimes No