NOMS Patient-Reported Outcome (PRO) Form Revised Hearing Handicap Inventory (RHHI)

RHHI Instructions: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check "Yes", "Sometimes", or "No" for each question. Do not skip a question if you avoid a situation because of a hearing problem.

		Yes	Sometimes	No
		(4)	(2)	(0)
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?			

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