

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## TINNITUS HANDICAP INVENTORY

**INSTRUCTIONS:** The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question.

- |   |                              |                                    |                             |
|---|------------------------------|------------------------------------|-----------------------------|
| 1. Because of your tinnitus, is it difficult for you to concentrate?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 2. Does the loudness of your tinnitus make it difficult for you to hear people?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 3. Does your tinnitus make you angry?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 4. Does your tinnitus make you feel confused?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 5. Because of your tinnitus, do you feel desperate?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 6. Do you complain a great deal about your tinnitus?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 7. Because of your tinnitus, do you have trouble falling asleep at night?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 8. Do you feel as though you cannot escape your tinnitus?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 10. Because of your tinnitus, do you feel frustrated?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 11. Because of your tinnitus, do you feel that you have a terrible disease?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 12. Does your tinnitus make it difficult for you to enjoy life?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 13. Does your tinnitus interfere with your job or household responsibilities?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 14. Because of your tinnitus, do you find that you are often irritable?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 15. Because of your tinnitus, is it difficult for you to read?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 16. Does your tinnitus make you upset?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?     | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 18. Do you find it difficult to focus your attention away from your tinnitus and on other things?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 19. Do you feel that you have no control over your tinnitus?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 20. Because of your tinnitus, do you often feel tired?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 21. Because of your tinnitus, do you feel depressed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 22. Does your tinnitus make you feel anxious?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 23. Do you feel that you can no longer cope with your tinnitus?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 24. Does your tinnitus get worse when you are under stress?   | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 25. Does your tinnitus make you feel insecure?  | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |

**FOR CLINICIAN USE ONLY**

Total Per Column




x4

x2

x0

Total Score

+

+

=

# TINNITUS HANDICAP INVENTORY SEVERITY SCALE

GRADE	SCORE	DESCRIPTION
1	0-16	Slight: Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.
2	18-36	Mild: Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.
3	38-56	Moderate: May be noticed even in the presence of background or environmental noise, although daily activities may still be performed.
4	58-76	Severe: Almost always heard, rarely if ever, masked. Leads to disturbed sleep patterns and can interfere with ability to carry out normal daily activities. Quiet activities affected adversely.
5	78-100	Catastrophic: Always heard, disturbed sleep patterns, difficulty with any activity.

## REFERENCES:

Newman, C.W., Jacobson, G.P., & Spitzer, J.B. (1996). Development of the Tinnitus Handicap Inventory. *Arch Otolaryngol Head Neck Surg*, 122, 143-148.

Newman, C.W., Sandridge, S.A., & Jacobson, G.P. (1998). Psychometric adequacy of the Tinnitus Handicap Inventory (THI) for evaluating treatment outcome. *J Am Acad Audiol*, 9, 153-160.

McCombe, A., Bagueley, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: The results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999.

*Clin Otolaryngol*, 26, 388-393.