

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Tinnitus Handicap Inventory (T.H.I.)**

Instructions: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.

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

For clinician use only:

|   |  |
|---|--|
| <p>Total THI Score: (number of 'Yes' responses x 4) +<br/>(number of 'Sometimes' responses x 2) = _____</p> | <p>Determine presence of perceived tinnitus handicap based on total THI score.</p> <p>0-16: Slight or No Handicap (Grade 1)<br/>18-36: Mild Handicap (Grade 2)<br/>38-56: Moderate Handicap (Grade 3)<br/>58-76: Severe Handicap (Grade 4)<br/>78-100: Catastrophic Handicap (Grade 5)</p> |
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