



PATIENT LABEL

TINNITUS HANDICAP INVENTORY (THI)

Patient Name: _____ Date: _____

The purpose of this questionnaire is to identify the problems your tinnitus may be causing you.

- 1. Because of your tinnitus, is it difficult for you to concentrate? Yes (4) Sometimes (2) No (0)

- 2. Does the loudness of your tinnitus make it difficult for you to hear people? Yes (4) Sometimes (2) No (0)

- 3. Does your tinnitus make you angry Yes (4) Sometimes (2) No (0)

- 4. Does your tinnitus make you confused? Yes (4) Sometimes (2) No (0)

- 5. Because of your tinnitus, are you desperate? Yes (4) Sometimes (2) No (0)

- 6. Do you complain a great deal about your tinnitus? Yes (4) Sometimes (2) No (0)

- 7. Because of your tinnitus, do you have trouble falling asleep at night? Yes (4) Sometimes (2) No (0)

- 8. Do you feel as though you cannot escape from your tinnitus? Yes (4) Sometimes (2) No (0)

- 9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or to the cinema)? Yes (4) Sometimes (2) No (0)

- 10. Because of your tinnitus, do you feel frustrated? Yes (4) Sometimes (2) No (0)

- 11. Because of your tinnitus, do you feel that you have a terrible disease? Yes (4) Sometimes (2) No (0)

(continued)

12. Does your tinnitus make it difficult to enjoy life? Yes (4) Sometimes (2) No (0)
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13. Does your tinnitus interfere with your job or household responsibilities? Yes (4) Sometimes (2) No (0)
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14. Because of your tinnitus, do you find that you are often irritable? Yes (4) Sometimes (2) No (0)
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15. Because of your tinnitus, is it difficult for you to read? Yes (4) Sometimes (2) No (0)
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16. Does your tinnitus make you upset? Yes (4) Sometimes (2) No (0)
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17. Do you feel that your tinnitus has placed stress on your relationships with members of your family and/or friends? Yes (4) Sometimes (2) No (0)
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18. Do you find it difficult to focus your attention away from your tinnitus and on to other things? Yes (4) Sometimes (2) No (0)
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19. Do you feel that you have no control over your tinnitus? Yes (4) Sometimes (2) No (0)
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20. Because of your tinnitus, do you often feel tired? Yes (4) Sometimes (2) No (0)
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21. Because of your tinnitus, do you feel depressed? Yes (4) Sometimes (2) No (0)
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22. Does your tinnitus make you feel anxious? Yes (4) Sometimes (2) No (0)
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23. Do you feel you can no longer cope with your tinnitus? Yes (4) Sometimes (2) No (0)
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24. Does your tinnitus get worse when you are under stress? Yes (4) Sometimes (2) No (0)
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25. Does your tinnitus make you feel insecure? Yes (4) Sometimes (2) No (0)
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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.

McCombe, A. Bagueley, D. Coles, T. 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.