

Tinnitus Handicap Inventory

Patient's Name: _____ Date: _____

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

For Clinician Use Only

Total Per Column

Total Score

| | | | |
|----|----|----|---|
| | | | |
| x4 | x2 | x0 | |
| | + | + | = |

To interpret the score please refer to the Tinnitus Handicap Severity Scale shown on the reverse side.

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 pattern 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. |