

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. Please do not skip any questions.

1. Because of your tinnitus, is it difficult for you to concentrate?	Yes	No	Sometimes
2. Does the loudness of your tinnitus make it difficult for you to hear people?	Yes	No	Sometimes
3. Does your tinnitus make you angry?	Yes	No	Sometimes
4. Does your tinnitus make you feel confused?	Yes	No	Sometimes
5. Because of your tinnitus, do you feel desperate?	Yes	No	Sometimes
6. Do you complain a great deal about your tinnitus?	Yes	No	Sometimes
7. Because of your tinnitus, do you have trouble falling to sleep at night?	Yes	No	Sometimes
8. Do you feel as though you cannot escape your tinnitus?	Yes	No	Sometimes
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	Yes	No	Sometimes
10. Because of your tinnitus, do you feel frustrated?	Yes	No	Sometimes
11. Because of your tinnitus, do you feel that you have a terrible disease?	Yes	No	Sometimes
12. Does your tinnitus make it difficult for you to enjoy life?	Yes	No	Sometimes

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

Tinnitus Handicap Inventory SEVERITY SCALE

For clinical use

Total per column

Yes x4

Sometimes x2

No x0

Grade	Score	Description
1	0-16	Slight: Only heard in a 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.