

Tinnitus Handicap Inventory

Name _____ M F Date _____ DOB _____

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

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|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------|
| 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? | <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, etc.? | <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 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 family members 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 onto other things? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 19. Do you feel 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 feel tired? | <input type="checkbox"/> Yes | <input type="checkbox"/> Sometimes | <input type="checkbox"/> No |
| 21. Because of your tinnitus, do you often 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 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 |

Score (4 for each yes, 2 for each sometimes)

_____ + _____ = _____

Grade (<18=1, 18-36=2, 38-56=3, 58-76=4, >76=5)
