

TINNITUS HANDICAP INVENTORY (THI)

Name: _____

Date: _____

The purpose of this questionnaire is to identify the problems your tinnitus may be causing you. Check 'Yes', 'Sometimes', or 'No' for each question. Please answer all questions.

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)

12. Does your tinnitus make it difficult to enjoy life? Yes (4) Sometimes (2) No (0)

13. Does your tinnitus interfere with your job or household responsibilities? Yes (4) Sometimes (2) No (0)

14. Because of your tinnitus, do you find that you are often irritable Yes (4) Sometimes (2) No (0)

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

16. Does your tinnitus make you upset? Yes (4) Sometimes (2) No (0)

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)

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)

19. Do you feel that you have no control over your tinnitus? Yes (4) Sometimes (2) No (0)

20. Because of your tinnitus, do you often feel tired? Yes (4) Sometimes (2) No (0)

21. Because of your tinnitus, do you feel depressed? Yes (4) Sometimes (2) No (0)

22. Does your tinnitus make you feel anxious? Yes (4) Sometimes (2) No (0)

23. Do you feel you can no longer cope with your tinnitus? Yes (4) Sometimes (2) No (0)

24. Does your tinnitus get worse when you are under stress? Yes (4) Sometimes (2) No (0)

25. Does your tinnitus make you feel insecure? Yes (4) Sometimes (2) No (0)

For clinician use only

Total THI Score: (number of 'Yes' responses x 4) + (number of 'Sometimes' responses x 2) = _____

Determine presence of perceived tinnitus handicap based on total THI score.

0-16: Slight or no handicap (Grade 1)

18-36: Mild handicap (Grade 2)

38-56: Moderate handicap (Grade 3)

58-76: Severe handicap (Grade 4)

78-100: Catastrophic handicap (Grade 5)

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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, R., 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.