



Tinnitus Handicap Inventory (THI)

Patient Name _____ Date ____/____/____
First MI Last

Instructions: To fill out the questionnaire, check the most appropriate box next to each question.

F1	Is it difficult for you to concentrate because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F2	Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F3	Does your tinnitus make you angry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F4	Does your tinnitus make you confused?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C5	Are you desperate because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E6	Do you complain a great deal about your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F7	Do you have trouble falling asleep at night because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C8	Do you feel as though you cannot escape your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F9	Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the cinema)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E10	Do you feel frustrated because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C11	Does your tinnitus make you feel that you have a terrible disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F12	Does your tinnitus make it difficult to enjoy life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F13	Does your tinnitus interfere with your job or household responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F14	Do you find that you are often irritable because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F15	Is it difficult for you to read because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E16	Does your tinnitus make you upset?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E17	Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C19	Do you feel that you have no control over your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F20	Do you often feel tired because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E21	Do you feel depressed because of your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E22	Does your tinnitus make you feel anxious?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C23	Do you feel you can no longer cope with your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F24	Does your tinnitus get worse when you are under stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E25	Does your tinnitus make you feel insecure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

SCORING

To score the patient's questionnaire, count the number of "Yes" and "Sometimes" answers and then calculate the total points.

TOTAL "Yes" ____ x 4 = + TOTAL "Sometimes" ____ x 2 = = **TOTAL POINTS THI SCORE**

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.