

# Tinnitus Handicap Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** The purpose of this questionnaire is to identify the difficulties your tinnitus may be causing you. Please answer each of the 25 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 confused?	Yes	Sometimes	No
5. Because of your tinnitus, are you 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 asleep at night?	Yes	Sometimes	No
8. Do you feel as though you cannot escape from your tinnitus?	Yes	Sometimes	No
9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or to the cinema)?	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 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

CONTINUED ON REVERSE

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 has placed stress on your relationships with members of your family and/or friends?	Yes	Sometimes	No
18. Do you find it difficult to focus your attention away from your tinnitus and on to 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 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**

x4		x2		x0								
	+		+		=							

Grade	Score	Description
1	0-16	Slight: Only heard in quiet environments, 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.