

TINNITUS HANDICAP INVENTORY (THI)

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.

Name: _____ Date: _____

- | | | | |
|---|---------------------------|---------------------------------|--------------------------|
| 1. Because of your tinnitus, is it difficult for you to concentrate? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 2. Does the loudness of your tinnitus make it difficult for you to hear people? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 3. Does your tinnitus make you angry? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 4. Does your tinnitus make you feel confused? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 5. Because of your tinnitus, do you feel desperate? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 6. Do you complain a great deal about your tinnitus? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 7. Because of your tinnitus, do you have trouble falling asleep at night? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 8. Do you feel as though you cannot escape your tinnitus? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 10. Because of your tinnitus, do you feel frustrated? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 11. Because of your tinnitus, do you feel that you have a terrible disease? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 12. Does your tinnitus make it difficult for you to enjoy life? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 13. Does your tinnitus interfere with your job or household responsibilities? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 14. Because of your tinnitus, do you find that you are often irritable? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 15. Because of your tinnitus, is it difficult for you to read? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 16. Does your tinnitus make you upset? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and/or friends? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 18. Do you find it difficult to focus your attention away from your tinnitus and on other things? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 19. Do you feel that you have no control over your tinnitus? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 20. Because of your tinnitus, do you often feel tired? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 21. Because of your tinnitus, do you feel depressed? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 22. Does your tinnitus make you feel anxious? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 23. Do you feel that you can no longer cope with your tinnitus? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 24. Does your tinnitus get worse when you are under stress? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |
| 25. Does your tinnitus make you feel insecure? | <input type="radio"/> Yes | <input type="radio"/> Sometimes | <input type="radio"/> No |

For Clinician Use Only

Total Score Per Column

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Total THI Score: (number of "yes" responses x 4) + (number of "sometimes" responses x 2) = **Total Score**

- | | | |
|-----------------|---|---------|
| 0 – 16 | Slight (Only heard in quiet environments) | GRADE 1 |
| 18 – 36 | Mild (Easily masked by environmental sounds and easily forgotten with activities) | GRADE 2 |
| 38 – 56 | Moderate (Noticed in presence of background noise, although daily activities can still be performed) | GRADE 3 |
| 58 – 76 | Severe (Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities) | GRADE 4 |
| 78 – 100 | Catastrophic (Always heard, disturbed sleep patterns, difficulty with any activities) | GRADE 5 |

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.