**Tinnitus Handicap Inventory**

**Patient Name:** ___________________________  **Date:** ______________

**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.

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 feel confused?  Yes  Sometimes  No

5. Because of your tinnitus, do you feel 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 to sleep at night?  Yes  Sometimes  No

8. Do you feel as though you cannot escape your tinnitus?  Yes  Sometimes  No

9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?  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 for you 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

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 problem has placed stress on your relationships with members of your family and friends?  Yes  Sometimes  No

18. Do you find it difficult to focus your attention away from your tinnitus and on 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 that 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**

<table>
<thead>
<tr>
<th>Total Per Column</th>
<th>x4</th>
<th>x2</th>
<th>x0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score</td>
<td>+</td>
<td>+</td>
<td>=</td>
</tr>
</tbody>
</table>

To interpret the score please refer to the Tinnitus Handicap Severity Scale shown on the reverse side.

---

### Tinnitus Handicap Inventory Severity Scale

<table>
<thead>
<tr>
<th>GRADE</th>
<th>SCORE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-16</td>
<td>Slight: Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.</td>
</tr>
<tr>
<td>2</td>
<td>18-36</td>
<td>Mild: Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.</td>
</tr>
<tr>
<td>3</td>
<td>38-56</td>
<td>Moderate: May be noticed, even in the presence of background or environmental noise, although daily activities may still be performed.</td>
</tr>
<tr>
<td>4</td>
<td>58-76</td>
<td>Severe: Almost always heard, rarely, if ever, masked. Leads to disturbed sleep pattern and can interfere with the ability to carry out normal daily activities. Quiet activities affected adversely.</td>
</tr>
<tr>
<td>5</td>
<td>78-100</td>
<td>Catastrophic: Always heard, disturbed sleep patterns, difficulty with any activity.</td>
</tr>
</tbody>
</table>