

Tinnitus Handicap Inventory (THI)

PATIENT NAME: _____ DATE: _____

INSTRUCTIONS: 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.

| | YES (4) | SOMETIMES (2) | NO (0) |
|---|--------------------------|--------------------------|--------------------------|
| Because of your tinnitus, is it difficult for you to concentrate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the loudness of your tinnitus make it difficult for you to hear people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you angry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you confused? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, are you desperate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you complain a great deal about your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, do you have trouble falling asleep at night? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel as though you cannot escape your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus interfere with your ability to enjoy social activities? (such as dining out, going to the cinema, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, do you feel frustrated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, do you feel that you have a terrible disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make it difficult to enjoy life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus interfere with your job or household responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, do you find that you are often irritable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, is it difficult for you to read? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you upset? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that your tinnitus has placed stress on your relationships with members of your family and/or friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you find it difficult to focus your attention away from your tinnitus and on to other things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that you have no control over your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Because of your tinnitus, do you often feel tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus, do you feel depressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you feel anxious? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel you can no longer cope with your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus get worse when you are under stress? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you feel insecure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TOTALS | | | |

FOR CLINICIAN USE ONLY

Determine the 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 Oto-laryngologists, Head and Neck Surgeons, 1999. *Clin Otolaryngol*, 26, 388-393.