ADVANCED AUDIOLOGY

TINNITUS HANDICAP INVENTORY (THI)

Name: _____

Date: _____

		Yes (4)	Sometimes (2)	No (0)
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 can 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 feel 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 has placed stress on your relationships with members of your family?	☐ 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

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TINNITUS HANDICAP INVENTORY (THI)

FOR CLINICIAN USE ONLY

Total THI score (number of 'Yes' responses x 4 + (number of 'Sometimes' x 2) = _____

Determine 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)

REFERENCES:

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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.

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