Tinnitus Handicap Inventory (THI)

Your Name:_____ Date:_____

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of your tinnitus. Please do not skip any questions. When you have answered all the questions, add up your total score based on the values for each response and write the score in the box at the bottom of the page.

1.	Because of your tinnitus, is it difficult for you to concentrate?	Yes (4)	Sometimes (2)	No (0)
2.	Does the loudness of your tinnitus make it difficult for you to hear people?	Yes (4)	Sometimes (2)	No (0)
3.	Does your tinnitus make you angry?	Yes (4)	Sometimes (2)	No (0)
4.	Does your tinnitus make you feel confused?	Yes (4)	Sometimes (2)	No (0)
5.	Because of your tinnitus, do you feel desperate?	Yes (4)	Sometimes (2)	No (0)
6.	Do you complain a great deal about your tinnitus?	Yes (4)	Sometimes (2)	No (0)
7.	Because of your tinnitus, do you have trouble falling asleep at night?	Yes (4)	Sometimes (2)	No (0)
8.	Do you feel as though you cannot escape your tinnitus?	Yes (4)	Sometimes (2)	No (0)
9.	Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to eat, movies, etc.)?	Yes (4)	Sometimes (2)	No (0)
10.	Because of your tinnitus, do you feel frustrated?	Yes (4)	Sometimes (2)	No (0)
11.	Because of your tinnitus, do you feel you have a terrible disease?	Yes (4)	Sometimes (2)	No (0)
12.	Does your tinnitus make it difficult for you to enjoy life?	Yes (4)	Sometimes (2)	No (0)
13.	Does your tinnitus interfere with your job or household responsibilities?	Yes (4)	Sometimes (2)	No (0)
14.	Because of your tinnitus, do you find that you are often irritable?	Yes (4)	Sometimes (2)	No (0)
15.	Because of your tinnitus, is it difficult for you to read?	Yes (4)	Sometimes (2)	No (0)
16.	Does your tinnitus make you upset?	Yes (4)	Sometimes (2)	No (0)
17.	Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	Yes (4)	Sometimes (2)	No (0)
18.	Do you find it difficult to focus on other things besides your tinnitus?	Yes (4)	Sometimes (2)	No (0)
19.	Do you feel that you have no control over your tinnitus?	Yes (4)	Sometimes (2)	No (0)
20.	Because of your tinnitus, do you often feel tired?	Yes (4)	Sometimes (2)	No (0)
21.	Because of your tinnitus, do you feel depressed?	Yes (4)	Sometimes (2)	No (0)
22.	Does your tinnitus make you feel anxious?	Yes (4)	Sometimes (2)	No (0)
23.	Do you feel that you can no longer cope with your tinnitus?	Yes (4)	Sometimes (2)	No (0)
24.	Does your tinnitus get worse when you are under stress?	Yes (4)	Sometimes (2)	No (0)
25.	Does your tinnitus make you feel insecure?	Yes (4)	Sometimes (2)	No (0)

THI Score:

*Questionnaire adopted from the American Tinnitus Association

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)