



TINNITUS HANDICAP INVENTORY (THI)

Name: _____

Date: _____

Date of Birth: _____

The purpose of these questions is to identify problems your tinnitus may be causing you.

To fill out the questionnaire, mark a value next to each question.

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

TOTAL YOUR POINTS _____

Please rate your tinnitus (0= not bothered, 10= extremely bothered): 0 1 2 3 4 5 6 7 8 9 10

Hearing Evaluation Services of Buffalo, Inc.



It's Good to Hear

(Reference: McCombe A, Baguley 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, 999. Clin. Otolaryngology 26, 388-393)

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