



# Tinnitus Handicap Inventory (THI)

Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last MI

**Instructions:** To fill out the questionnaire, check off the box for “Yes,” “No” or “Sometimes” next to each question.

F1	Because of your tinnitus is it difficult for you to concentrate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F2	Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F3	Does your tinnitus make you angry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F4	Does your tinnitus make you confused?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C5	Because of your tinnitus are you desperate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E6	Do you complain a great deal about your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F7	Because of your tinnitus do you have trouble falling to sleep at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C8	Do you feel as though you cannot escape your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F9	Does your tinnitus interfere with your ability to enjoy social activities? (such as going out to dinner, to the cinema?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E10	Because of your tinnitus do you feel frustrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C11	Because of your tinnitus do you feel that you have a terrible disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F12	Does your tinnitus make it difficult to enjoy life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F13	Does your tinnitus interfere with your job or household responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F14	Because of your tinnitus do you find that you are often irritable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F15	Because of your tinnitus is it difficult for you to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E16	Does your tinnitus make you upset?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E17	Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C19	Do you feel that you have no control over your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F20	Because of your tinnitus do you often feel tired?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E21	Because of your tinnitus do you feel depressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E22	Does your tinnitus make you feel anxious?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
C23	Do you feel you can no longer cope with your tinnitus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
F24	Does your tinnitus get worse when you are under stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
E25	Does your tinnitus make you feel insecure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

## SCORING

To score the patient’s questionnaire, count the number of “Yes” and “Sometimes” answers and then calculate the total points.

$$\# \text{ of "Yes" } \underline{\hspace{2cm}} \times 4 = \boxed{\hspace{2cm}} + \# \text{ of "Sometimes" } \underline{\hspace{2cm}} \times 2 = \boxed{\hspace{2cm}} = \text{TOTAL POINTS THI SCORE } \boxed{\hspace{2cm}}$$

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 Otolaryngologists, Head and Neck Surgeons, 1999. Clin Otolaryngol, 26, 388-393.