

# TINNITUS HANDICAP INVENTORY

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.

|   |     |           |    |
|---|-----|-----------|----|
| 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 feel confused?   | Yes | Sometimes | No |
| 5. Because of your tinnitus, do you feel 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 to sleep at night?   | Yes | Sometimes | No |
| 8. Do you feel as though you cannot escape your tinnitus?   | Yes | Sometimes | No |
| 9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? | 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 for you 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 find 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 problem has placed stress on your relationships with members of your family and friends?     | Yes | Sometimes | No |
| 18. Do you find it difficult to focus your attention away from your tinnitus and on 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 that 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 |

## FOR CLINICIAN USE ONLY

Total Per Column

Total Score

|    |    |    |   |
|----|----|----|---|
|    |    |    |   |
| x4 | x2 | x0 |   |
|    | +  |    | + |
|    |    |    | = |