

# 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

|                         |                      |                      |                      |                        |
|-------------------------|----------------------|----------------------|----------------------|------------------------|
| <b>Total Per Column</b> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                        |
|                         | x4                   | x2                   | x0                   |                        |
| <b>Total Score</b>      | <input type="text"/> | +                    | <input type="text"/> | +                      |
|                         |                      |                      | <input type="text"/> | = <input type="text"/> |

# TINNITUS HANDICAP INVENTORY SEVERITY SCALE

| GRADE | SCORE  | DESCRIPTION  |
|-------|--------|--|
| 1     | 0-16   | Slight: Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.   |
| 2     | 18-36  | Mild: Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.  |
| 3     | 38-56  | Moderate: May be noticed, even in the presence of background or environmental noise, although daily activities may still be performed.   |
| 4     | 58-76  | Severe: Almost always heard, rarely, if ever, masked. Leads to disturbed sleep pattern and can interfere with ability to carry out normal daily activities. Quiet activities affected adversely. |
| 5     | 78-100 | Catastrophic: Always heard, disturbed sleep patterns, difficulty with any activity.  |