

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Tinnitus Handicap Inventory

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
F1	Because of your Tinnitus is it difficult for you to concentrate?	Yes	No	Sometimes	
F2	Does the loudness of your Tinnitus make it difficult for you to hear people?	Yes	No	Sometimes	
E3	Does your Tinnitus make you angry?	Yes	No	Sometimes	
F4	Does your Tinnitus make you confused?	Yes	No	Sometimes	
C5	Because of your Tinnitus are you desperate?	Yes	No	Sometimes	
E6	Do you complain a great deal about your Tinnitus?	Yes	No	Sometimes	
F7	Because of your Tinnitus do you have trouble falling asleep at night?	Yes	No	Sometimes	
C8	Do you feel as though you cannot escape your Tinnitus?	Yes	No	Sometimes	
F9	Does your Tinnitus interfere with your ability to enjoy social activities ( such as going out to dinner, to the cinema )?	Yes	No	Sometimes	
E10	Because of your Tinnitus do you feel frustrated?	Yes	No	Sometimes	
C11	Because of your Tinnitus do you feel that you have a terrible disease?	Yes	No	Sometimes	
F12	Does your Tinnitus make it difficult to enjoy life?	Yes	No	Sometimes	
F13	Does your Tinnitus interfere with your job or household responsibilities?	Yes	No	Sometimes	
F14	Because of your Tinnitus do you find that you are often irritable?	Yes	No	Sometimes	
F15	Because of your Tinnitus is it difficult for you to read?	Yes	No	Sometimes	
E16	Does your Tinnitus make you upset?	Yes	No	Sometimes	
E17	Do you feel that your Tinnitus has placed stress on your relationships with members of your family and friends?	Yes	No	Sometimes	
F18	Do you find it difficult to focus your attention away from your Tinnitus and on to other things?	Yes	No	Sometimes	
C19	Do you feel that you have no control over your Tinnitus?	Yes	No	Sometimes	
F20	Because of your Tinnitus do you often feel tired?	Yes	No	Sometimes	
E21	Because of your Tinnitus do you feel depressed?	Yes	No	Sometimes	
E22	Does your Tinnitus make you feel anxious?	Yes	No	Sometimes	
C23	Do you feel you can no longer cope with your Tinnitus?	Yes	No	Sometimes	
F24	Does your Tinnitus get worse when you are under stress?	Yes	No	Sometimes	
E25	Does your Tinnitus make you feel insecure?	Yes	No	Sometimes	

TOTAL YOUR POINTS (ADD THE NUMBERS IN THE LAST COLUMN)

### Scoring Your Test

Compare your total with the Grade levels shown here:

Grade 1 - Slight (0-16) Only heard in a quiet environment

Grade 2 - Mild (18-36) Easily masked by environmental sounds and easily forgotten with activities.

Grade 3 - Moderate (38-56) Noticed in presence of background noise, although daily activities can still be performed.

Grade 4 - Severe (58-76) Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities.

Grade 5 - Catastrophic (78-100) Always heard, disturbed sleep patterns, difficulty with any activities.

References: 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. Otolaryngol 26, 388-393