

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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