

# TINNITUS HANDICAP INVENTORY (THI)

**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.

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

- |   |                       |     |                       |           |                       |    |
|---|-----------------------|-----|-----------------------|-----------|-----------------------|----|
| 1. Because of your tinnitus, is it difficult for you to concentrate?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 2. Does the loudness of your tinnitus make it difficult for you to hear people?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 3. Does your tinnitus make you angry?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 4. Does your tinnitus make you feel confused?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 5. Because of your tinnitus, do you feel desperate?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 6. Do you complain a great deal about your tinnitus?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 7. Because of your tinnitus, do you have trouble falling asleep at night?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 8. Do you feel as though you cannot escape your tinnitus?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 10. Because of your tinnitus, do you feel frustrated?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 11. Because of your tinnitus, do you feel that you have a terrible disease?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 12. Does your tinnitus make it difficult for you to enjoy life?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 13. Does your tinnitus interfere with your job or household responsibilities?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 14. Because of your tinnitus, do you find that you are often irritable?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 15. Because of your tinnitus, is it difficult for you to read?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 16. Does your tinnitus make you upset?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and/or friends?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 18. Do you find it difficult to focus your attention away from your tinnitus and on other things?                               | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 19. Do you feel that you have no control over your tinnitus?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 20. Because of your tinnitus, do you often feel tired?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 21. Because of your tinnitus, do you feel depressed?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 22. Does your tinnitus make you feel anxious?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 23. Do you feel that you can no longer cope with your tinnitus?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 24. Does your tinnitus get worse when you are under stress?   | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |
| 25. Does your tinnitus make you feel insecure?  | <input type="radio"/> | Yes | <input type="radio"/> | Sometimes | <input type="radio"/> | No |

**For Clinician Use Only**

Total Score Per Column

Total THI Score: (number of "yes" responses x 4) + (number of "sometimes" responses x 2) = **Total Score**

- |                 |   |         |
|-----------------|---|---------|
| <b>0 - 16</b>   | Slight (Only heard in quiet environments)   | GRADE 1 |
| <b>18 - 36</b>  | Mild (Easily masked by environmental sounds and easily forgotten with activities)                       | GRADE 2 |
| <b>38 - 56</b>  | Moderate (Noticed in presence of background noise, although daily activities can still be performed)    | GRADE 3 |
| <b>58 - 76</b>  | Severe (Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities) | GRADE 4 |
| <b>78 - 100</b> | Catastrophic (Always heard, disturbed sleep patterns, difficulty with any activities)                   | GRADE 5 |

**REFERENCES**

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.

This questionnaire is reproduced with the kind permission of Craig Newman, Ph.D.