

Tinnitus Handicap Inventory (THI)

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.

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

FOR CLINICIAN USE ONLY

Total Per Column					
	x4	x2	x0		
Total Score		+		+	
				=	

TINNITUS HANDICAP INVENTORY SEVERITY SCALE

GRADE	SCORE	DESCRIPTION
1	0–16	Slight: Tinnitus is only heard in quiet environments and is very easily masked. It has no interference with sleep or daily activities.
2	18–36	Mild: Tinnitus is easily masked by environmental sounds and easily forgotten with activities. It may occasionally interfere with sleep but not with daily activities.
3	38–56	Moderate: Tinnitus may be noticeable, even in the presence of background or environmental noise, although daily activities may still be performed.
4	58–76	Severe: Tinnitus is almost always heard and rarely, if ever, masked. It leads to disturbed sleep patterns and can interfere with one's ability to carry out normal daily activities. Quiet activities are affected adversely.
5	78–100	Catastrophic: Tinnitus is always heard, and the individual experiences disturbed sleep patterns and difficulty with any activity.

McCombe, A., Baguey, 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

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