

Tinnitus Handicap Inventory (THI)



Name: _____ Date: _____

Instructions: The purpose of this questionnaire is to identify and evaluate the difficulties that you may be experiencing because of your tinnitus. Please do not skip any of the following questions.

1	Because of your tinnitus, is it difficult for you to concentrate?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
2	Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
3	Does your tinnitus make you angry?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
4	Does your tinnitus make you feel confused?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
5	Because of your tinnitus, do you feel desperate?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
6	Do you complain a great deal about your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
7	Because of your tinnitus, do you have trouble falling to sleep at night?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
8	Do you feel as though you cannot escape your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
9	Does your tinnitus interfere with your ability to enjoy your social activities?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
10	Because of your tinnitus, do you feel frustrated?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
11	Because of your tinnitus, do you feel that you have a terrible disease?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
12	Does your tinnitus make it difficult to enjoy life?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
13	Does your tinnitus interfere with your job or household responsibilities?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
14	Because of your tinnitus, is it difficult for you to read?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
15	Because of your tinnitus, do you find that you are often irritable?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
16	Does your tinnitus make you upset?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
17	Do you feel that your tinnitus problem has placed stress on your relationships?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
18	Do you find it difficult to focus your attention away from your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
19	Do you feel that you have no control over your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
20	Because of your tinnitus, do you often feel tired?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
21	Because of your tinnitus, do you feel depressed?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
22	Does your tinnitus make you feel anxious?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
23	Do you feel that you can no longer cope with your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
24	Does your tinnitus get worse when you are under stress?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
25	Does your tinnitus make you feel insecure?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)

The sum of all responses is your THI score >>>