

## Tinnitus Handicap Inventory (THI)

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

This questionnaire is designed to find out what sorts of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you and some may not. Please answer **all** questions by selecting the answer that **best reflects** how your tinnitus has affected you **over the past week**.

	YES (4 POINTS)	SOMETIMES (2 POINTS)	NO (0 POINTS)
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 confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Because of your tinnitus, are you desperate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you complain to others 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 from your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your tinnitus interfere with your ability to enjoy social activities?	<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 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 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 has placed stress on your relationships with friends or family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you find it difficult to focus your attention away from your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you feel you have no control over your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Because of your tinnitus do you 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 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"/>

**Total Number of Points:**    \_\_\_\_\_