

## Tinnitus Handicap Inventory (THI)

Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
First Last MI

**Instructions:** To fill out the questionnaire, check off the most appropriate box for each question.

|     |   |   |
|-----|---|---|
| F1  | Because of your tinnitus is it difficult for you to concentrate?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F2  | Does the loudness of your tinnitus make it difficult for you to hear people?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F3  | Does your tinnitus make you angry?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F4  | Does your tinnitus make you confused?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| C5  | Because of your tinnitus are you desperate?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E6  | Do you complain a great deal about your tinnitus?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F7  | Because of your tinnitus do you have trouble falling asleep at night?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| C8  | Do you feel as though you cannot escape your tinnitus?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F9  | Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or to the cinema)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E10 | Because of your tinnitus do you feel frustrated?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| C11 | Because of your tinnitus do you feel that you have a terrible disease?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F12 | Does your tinnitus make it difficult to enjoy life?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F13 | Does your tinnitus interfere with your job or household responsibilities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F14 | Because of your tinnitus do you find that you are often irritable?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F15 | Because of your tinnitus is it difficult for you to read?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E16 | Does your tinnitus make you upset?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E17 | Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F18 | Do you find it difficult to focus your attention away from your tinnitus and on to other things?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| C19 | Do you feel that you have no control over your tinnitus?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F20 | Because of your tinnitus do you often feel tired?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E21 | Because of your tinnitus do you feel depressed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E22 | Does your tinnitus make you feel anxious?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| C23 | Do you feel you can no longer cope with your tinnitus?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| F24 | Does your tinnitus get worse when you are under stress?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |
| E25 | Does your tinnitus make you feel insecure?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes |

### SCORING

To score the patient's questionnaire, count the number of "Yes" and "Sometimes" answers and then calculate the total points.

$$\# \text{ of "Yes" } \underline{\hspace{2cm}} \times 4 = \boxed{\hspace{1cm}} + \# \text{ of "Sometimes" } \underline{\hspace{2cm}} \times 2 = \boxed{\hspace{1cm}} = \text{TOTAL POINTS THI SCORE } \boxed{\hspace{1cm}}$$

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.