

TINNITUS HANDICAP INVENTORY

Date: _____ Name: _____

The aim of this questionnaire is to find out what problem tinnitus might be giving you. Please select **yes**, **sometimes**, or **no** for each question below.

		YES	SOMETIMES	NO
F1	Because of your tinnitus is it difficult for you to concentrate?			
F2	Does the loudness of your tinnitus make it difficult for you to hear?			
E3	Does your tinnitus make you angry?			
F4	Does your tinnitus make you feel confused?			
C5	Because of your tinnitus do you feel desperate?			
E6	Do you complain a great deal about your tinnitus?			
F7	Because of your tinnitus do you have trouble falling asleep?			
C8	Do you feel as though you cannot escape your tinnitus?			
F9	Does your tinnitus interfere with your ability to enjoy social activities such as going out to dinner, cinema?			
E10	Because of your tinnitus do you feel frustrated?			
C11	Because of your tinnitus do you feel you have a terrible disease?			
F12	Does your tinnitus make it difficult for you to enjoy life?			
F13	Does your tinnitus interfere with your job or household responsibilities?			
F14	Because of your tinnitus do you find that you are often irritable?			
F15	Because of your tinnitus is it difficult for you to read?			
E16	Does your tinnitus make you upset?			
E17	Do you feel that your tinnitus has placed stress on your relationship with members of your family, friends?			
F18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?			

		YES	SOMETIMES	NO
C19	Do you feel that you have no control over your tinnitus?			
F20	Because of your tinnitus are you often tired?			
E21	Because of your tinnitus do you feel depressed?			
E22	Does your tinnitus make you feel anxious?			
C23	Do you feel that you can no longer cope with your tinnitus?			
F24	Does your tinnitus get worse when you are under stress?			
E25	Does your tinnitus make you feel insecure?			

Thank you for taking the time to complete this questionnaire. Your audiologist will score your responses and go over the results with you.

Score:

How to score the questionnaire

YES = 4

SOMETIMES = 2

NO = 0

0-16 No problem with tinnitus

18-36 Mild

38-56 Moderate

58-100 severe