

Tinnitus Handicap Inventory (THI)

Name: _____

Date: _____

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

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Tinnitus Handicap Inventory (THI)

For clinician use only

Total THI Score: (number of 'Yes' responses x 4) + (number of 'Sometimes' responses x 2) = _____

Determine presence of perceived tinnitus handicap based on total THI score.

0-16: Slight or no handicap (Grade 1)

18-36: Mild handicap (Grade 2)

38-56: Moderate handicap (Grade 3)

58-76: Severe handicap (Grade 4)

78-100: Catastrophic handicap (Grade 5)

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References

Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the Tinnitus Handicap Inventory. *Arch Otolaryngol Head Neck Surg*, 122, 143-148.

Newman, C.W., Sandridge, S.A., & Jacobson, G.P. (1998). Psychometric adequacy of the Tinnitus Handicap Inventory (THI) for evaluating treatment outcome. *J Am Acad Audiol*, 9, 153-160.

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.