

Tinnitus Handicap Inventory (THI)

The purpose of these questions is to identify problems your tinnitus may be causing you.

Instructions: To fill out the questionnaire, circle "Yes," "No" or "Sometimes" next to each question.

F1	Because of your tinnitus is it difficult for you to concentrate?	Yes	No	Sometimes
F2	Does the loudness of your tinnitus make it difficult for you to hear people?	Yes	No	Sometimes
E3	Does your tinnitus make you angry?	Yes	No	Sometimes
F4	Does your tinnitus make you confused?	Yes	No	Sometimes
C5	Because of your tinnitus are you desperate?	Yes	No	Sometimes
E6	Do you complain a great deal about your tinnitus?	Yes	No	Sometimes
F7	Because of your tinnitus do you have trouble falling to sleep at night?	Yes	No	Sometimes
C8	Do you feel as though you cannot escape your tinnitus?	Yes	No	Sometimes
F9	Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)?	Yes	No	Sometimes
E10	Because of your tinnitus do you feel frustrated?	Yes	No	Sometimes
C11	Because of your tinnitus do you feel that you have a terrible disease?	Yes	No	Sometimes
F12	Does your tinnitus make it difficult to enjoy life?	Yes	No	Sometimes
F13	Does your tinnitus interfere with your job or household responsibilities?	Yes	No	Sometimes
F14	Because of your tinnitus do you find that you are often irritable?	Yes	No	Sometimes
F15	Because of your tinnitus is it difficult for you to read?	Yes	No	Sometimes
E16	Does your tinnitus make you upset?	Yes	No	Sometimes
E17	Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?	Yes	No	Sometimes
F18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?	Yes	No	Sometimes
C19	Do you feel that you have no control over your tinnitus?	Yes	No	Sometimes
F20	Because of your tinnitus do you often feel tired?	Yes	No	Sometimes
E21	Because of your tinnitus do you feel depressed?	Yes	No	Sometimes
E22	Does your tinnitus make you feel anxious?	Yes	No	Sometimes
C23	Do you feel you can no longer cope with your tinnitus?	Yes	No	Sometimes
F24	Does your tinnitus get worse when you are under stress?	Yes	No	Sometimes
E25	Does your tinnitus make you feel insecure?	Yes	No	Sometimes

References: Newman, C.W., Jacobson, G.P., & Spitzer, J.B. (1996). Development of the Tinnitus Handicap Inventory. *Archives of Otolaryngology*, 122, 143-148.
 McCombe A., Baguley 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*, 999. *Clin. Otolaryngol* 26, 388-393

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Hearing Healthcare Professional Scoring Page

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

		POINTS
# of "Yes"		
_____	x 4 =	
# of "Sometimes"		
_____	x 2 =	
	TOTAL POINTS	
	= THI score	<input type="text"/>

2. To assess the severity of a perceived tinnitus handicap, rate the THI score according to this scale:

- 0-16 Slight or no handicap (Grade 1)
Only heard in a quiet environment.
- 18-36 Mild handicap (Grade 2)
Easily masked by environmental sounds and easily forgotten with activities.
- 38-56 Moderate handicap (Grade 3)
Noticed in presence of background noise, although daily activities can still be performed.
- 58-76 Severe handicap (Grade 4)
Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities.
- 78-100 Catastrophic handicap (Grade 5)
Always heard, disturbs sleep patterns and causes difficulty with any activities.