



Tinnitus Handicap Inventory (THI)

Name: _____ Date: _____

The purpose of this scale is to identify the problems your tinnitus may be causing you. Check 'Yes', 'Sometimes', or 'No' for each question. Do not skip any questions.

1. Because of your tinnitus is it difficult for you to concentrate?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
3. Does your tinnitus make you angry?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
4. Does your tinnitus make you confused?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
5. Because of your tinnitus are you desperate?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
6. Do you complain a great deal about your tinnitus?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
7. Because of your tinnitus do you have trouble falling asleep at night?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)

8. Do you feel as though you cannot escape from your tinnitus?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
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 (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
10. Because of your tinnitus do you feel frustrated?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
11. Because of your tinnitus do you feel that you have a terrible disease?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
12. Does your tinnitus make it difficult to enjoy life?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
13. Does your tinnitus interfere with your job or household responsibilities?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
14. Because of your tinnitus do you find that you are often irritable?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
15. Because of your tinnitus is it difficult for you to read?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
16. Does your tinnitus make you upset?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)

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 (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
18. Do you find it difficult to focus your attention away from your tinnitus and on to other things?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
19. Do you feel that you have no control over your tinnitus?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
20. Because of your tinnitus do you often feel tired?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
21. Because of your tinnitus do you feel depressed?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
22. Does your tinnitus make you feel anxious?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
23. Do you feel you can no longer cope with your tinnitus?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
24. Does your tinnitus get worse when you are under stress?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)
25. Does your tinnitus make you feel insecure?	<input type="checkbox"/> Yes (4) <input type="checkbox"/> Sometimes (2) <input type="checkbox"/> No (0)

For clinician use only:

<p>Total THI Score: (number of 'Yes' responses x 4) + (number of 'Sometimes' responses x 2) = _____</p>	<p>Determine presence of perceived tinnitus handicap based on total THI score.</p> <p>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)</p>
---	--

If you found this form on the Internet and are going to use it, kindly become a fan of [EAR Audiology, Inc. on Facebook](#). Visit www.earaudiology.com to learn about our services and products.

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.