



## 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>
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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.