

Tinnitus Handicap Inventory (THI)

Name: _____ Date: _____

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answered all the questions, add up your total score, based on the values for each response.

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

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.

<u>Score</u>	<u>Handicap Grade</u>
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:

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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.

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