

TINNITUS HANDICAP INVENTORY

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

FOR CLINICIAN USE ONLY

Total per column: ____ Yes ____ No ____ Sometimes
x4 x0 x2

Total Score ____ + ____ + ____ = _____

To interpret the score, please refer to the
Tinnitus Handicap Severity Scale on the reverse side.

*Test Source: Newman, C.W., Jacobson, G.P., Spitzer, J.B. (1996).
 Deveopment of the Tinnitus Handicap Inventory. Arch
 Otolaryngology Head Neck Surg, 122,143-8.*

TINNITUS HANDICAP INVENTORY SEVERITY SCALE

Grade	Score	Description
1	0-16	Slight: Only heard in quiet environments, very easily masked. No interference with sleep or daily activities.
2	18-36	Mild: Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.
3	38-56	Moderate: May be noticed, even in the presence of background or environment noise, although daily activities may still be performed.
4	58-76	Severe: Almost always heard. Rarely, if ever, masked. Leads to disturbed sleep patterns and can interfere with ability to carry out normal daily activities. Quiet activities adversely affected.
5	78-100	Catastrophic: Always heard, disturbed sleep patterns, difficulty with any activity.

McCombe, A., Baguely, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: the results a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 999. *Clin. Otolaryngol* 26, 388-393.