



Tinnitus Handicap Inventory

Instructions: The purpose of this questionnaire is to identify problems your tinnitus may be causing you. Check **Yes**, **Sometimes**, or **No** for each question. Do not skip a question.

| | | Yes (4) | Sometimes (2) | No (0) |
|-------|---|--------------------------|--------------------------|--------------------------|
| 1F | Because of your tinnitus is it difficult for you to concentrate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2F | Does the loudness of your tinnitus make it difficult for you to hear people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3E | Does your tinnitus make you angry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4F | Does your tinnitus make you feel confused? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5C | Because of your tinnitus do you feel desperate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6E | Do you complain a great deal about your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7F | Because of your tinnitus do you have trouble falling to sleep at night? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8C | Do you feel as though you cannot escape your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9F | Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10E | Because of your tinnitus do you feel frustrated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11C | Because of your tinnitus do you feel that you have a terrible disease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12F | Does your tinnitus make it difficult for you to enjoy life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13F | Does your tinnitus interfere with your job or household responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14F | Because of your tinnitus do you find that you are often irritable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15F | Because of your tinnitus is it difficult for you to read? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16E | Does your tinnitus make you upset? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17E | Do you feel that your tinnitus problem has placed stress on your relationship with members of your family and friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18F | Do you find it difficult to focus your attention away from your tinnitus and on other things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19C | Do you feel that you have no control over your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20F | Because of your tinnitus do you often feel tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21E | Because of your tinnitus do you feel depressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22E | Does your tinnitus make you feel anxious? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23C | Do you feel that you can no longer cope with your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24F | Does your tinnitus get worse when you are under stress? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25E | Does your tinnitus make you feel insecure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total | | ___ | ___ | ___ |

F denotes an item on the functional subscale; E, an item on the emotional subscale; and C, an item on the catastrophic response subscale.

Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the Tinnitus Handicap Inventory. *Archives of Otolaryngology—Head and Neck Surgery*, 122, 143–148.