UNIVERSITY OF THE
PACIFIC
Hearing and
Balance Center

Tinnitus Handicap Inventory (THI)

Patient Name _____ Date _____ /_____ /_____
First Last MI mm dd yyyy

Instructions: To fill out the questionnaire, check off the box for "Yes," "No" or "Sometimes" next to each question.

F1	Because of your tinnitus, is it difficult for you to concentrate?	☐ Yes ☐ Sometimes ☐ No
F2	Does the loudness of your tinnitus make it difficult for you to hear people?	☐ Yes ☐ Sometimes ☐ No
F3	Does your tinnitus make you angry?	☐ Yes ☐ Sometimes ☐ No
F4	Does your tinnitus make you confused?	☐ Yes ☐ Sometimes ☐ No
C5	Because of your tinnitus, are you desperate?	☐ Yes ☐ Sometimes ☐ No
E6	Do you complain a great deal about your tinnitus?	☐ Yes ☐ Sometimes ☐ No
F7	Because of your tinnitus, do you have trouble falling to sleep at night?	☐ Yes ☐ Sometimes ☐ No
C8	Do you feel as though you cannot escape your tinnitus?	☐ Yes ☐ Sometimes ☐ No
F9	Does your tinnitus interfere with your ability to enjoy social activities? (such as going out to dinner, to the cinema?)	☐ Yes ☐ Sometimes ☐ No
E10	Because of your tinnitus, do you feel frustrated?	☐ Yes ☐ Sometimes ☐ No
C11	Because of your tinnitus, do you feel that you have a terrible disease?	☐ Yes ☐ Sometimes ☐ No
F12	Does your tinnitus make it difficult to enjoy life?	☐ Yes ☐ Sometimes ☐ No
F13	Does your tinnitus interfere with your job or household responsibilities?	☐ Yes ☐ Sometimes ☐ No
F14	Because of your tinnitus, do you find that you are often irritable?	☐ Yes ☐ Sometimes ☐ No
F15	Because of your tinnitus, is it difficult for you to read?	☐ Yes ☐ Sometimes ☐ No
E16	Does your tinnitus make you upset?	☐ Yes ☐ Sometimes ☐ No
E17	Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?	☐ Yes ☐ Sometimes ☐ No
F18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?	☐ Yes ☐ Sometimes ☐ No
C19	Do you feel that you have no control over your tinnitus?	☐ Yes ☐ Sometimes ☐ No
F20	Because of your tinnitus, do you often feel tired?	☐ Yes ☐ Sometimes ☐ No
E21	Because of your tinnitus, do you feel depressed?	☐ Yes ☐ Sometimes ☐ No
E22	Does your tinnitus make you feel anxious?	☐ Yes ☐ Sometimes ☐ No
C23	Do you feel you can no longer cope with your tinnitus?	☐ Yes ☐ Sometimes ☐ No
F24	Does your tinnitus get worse when you are under stress?	☐ Yes ☐ Sometimes ☐ No
E25	Does your tinnitus make you feel insecure?	☐ Yes ☐ Sometimes ☐ No

To score the patient's questionnaire, count the number of "Yes" and "Sometimes" answers and then calculate the total points.

of "Yes" _____ x 4 = ☐ + # of "Sometimes" _____ x 2 = ☐ = **TOTAL POINTS THI SCORE** ☐

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.