

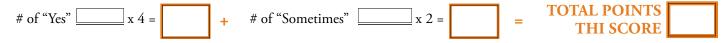
## **Tinnitus Handicap Inventory (THI)**

Patient Name				Date		/	/
-	First	Last	MI		mm	dd	уууу

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?	$\Box$ Yes $\Box$ Sometimes $\Box$ 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?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
<b>F</b> 4	Does your tinnitus make you confused?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
C5	Because of your tinnitus are you desperate?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
E6	Do you complain a great deal about your tinnitus?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
<b>F</b> 7	Because of your tinnitus do you have trouble falling to sleep at night?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
C8	Do you feel as though you cannot escape your tinnitus?	$\Box$ Yes $\Box$ Sometimes $\Box$ 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?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
C11	Because of your tinnitus do you feel that you have a terrible disease?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
F12	Does your tinnitus make it difficult to enjoy life?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
F13	Does your tinnitus interfere with your job or household responsibilities?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
F14	Because of your tinnitus do you find that you are often irritable?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
F15	Because of your tinnitus is it difficult for you to read?	$\Box$ Yes $\Box$ Sometimes $\Box$ No
E16	Does your tinnitus make you upset?	$\Box$ Yes $\Box$ Sometimes $\Box$ 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?	$\Box$ Yes $\Box$ Sometimes $\Box$ 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.



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.