

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.

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

To score the patient’s questionnaire, count the number of “Yes” and “Sometimes” answers and then calculate the total points.

$$\# \text{ of "Yes"} \quad \boxed{} \times 4 = \boxed{} + \# \text{ of "Sometimes"} \quad \boxed{} \times 2 = \boxed{} = \text{TOTAL POINTS THI SCORE} \quad \boxed{}$$

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.