

Tinnitus Handicap Inventory

Name _____

Date _____

The purpose of this scale is to identify the problems your tinnitus may be causing you. Circle "Yes," "Sometimes," or "No" for each question. Do not skip a question.

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