

Contact

Date

PATIENT INFORMATION

Name:

First

Last

Age

TINNITUS HANDICAP INVENTORY SURVEY

INSTRUCTIONS: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.

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

0 - 16 **Slight:** Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.
 18 - 36 **Mild:** Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.
 38 - 56 **Moderate:** May be noticed, even in the presence of background or environmental noise, although daily activities may still be performed.
 58 - 76 **Severe:** Almost always heard, rarely, if ever, masked. Leads to disturbed sleep pattern and can interfere with ability to carry out normal daily activities. Quiet activities affected adversely.
 78 - 100 **Catastrophic:** Always heard, disturbed sleep patterns, difficulty with any activity.

Average: _____

Total: _____

Source: Newman, C.W., Jacobson, G.P., Spitzer, J.B. (1996). Development of the Tinnitus Handicap Inventory. Arch Otolaryngol Head Neck Surg, 122, 143-8. | McCombe, A., Baguely, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: the results a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 999. Clin. Otolaryngol 26, 388-393. Form design copyright of Blueprint Solutions LLC.