

Tinnitus Handicap Inventory

Instructions to patients: The purpose of the scale is to identify the problems your tinnitus may be causing you. Circle “yes,” “sometimes,” or “no” for each question.

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

*F= functional subscale; E= emotional subscale; C= catastrophic response subscale.

SCORING: GIVE A VALUE OF “4” TO ALL QUESTIONS ANSWERED “YES” and “2” TO ALL “SOMETIMES”

TOTAL = _____

Level 1 = Slight (0-16) Level 2 = Mild (18-36) Level 3 = Moderate (38-56) Level 4 = Severe (58-76) Level 5 = Catastrophic (78-100)

Source: From: Newman CW, Jacobson GP, Spitzer JB. Development of the Tinnitus Handicap Inventory. Arch Otolaryngol Head and Neck Surgery 122: 143-149, 1996. Reprinted with permission.