

The Tinnitus Handicap Inventory questionnaire is a standardized industry form designed to help you score your tinnitus on a scale from mild to catastrophic. Please answer this questionnaire when you feel rested, or when you believe your reaction to your tinnitus is somewhat under control. This will help you to obtain a more objective assessment, which will be useful when considering treatment options.

Assign 4 points for each "Yes," 0 points for each "No," and 2 points for each "Sometimes." The total points will indicate your tinnitus severity level as described at the end of the Inventory.

1. Because of your tinnitus, is it difficult for you to concentrate?
Yes ___ No ___ Sometimes ___
2. Does the loudness of your tinnitus make it difficult for you to hear people in conversation?
Yes ___ No ___ Sometimes ___
3. Does your tinnitus make you angry?
Yes ___ No ___ Sometimes ___
4. Does your tinnitus make you confused?
Yes ___ No ___ Sometimes ___
5. Because of your tinnitus are you desperate?
Yes ___ No ___ Sometimes ___
6. Do you complain a great deal about your tinnitus?
Yes ___ No ___ Sometimes ___
7. Because of your tinnitus do you have trouble falling asleep at night?
Yes ___ No ___ Sometimes ___
8. Do you feel like you cannot escape from your tinnitus?
Yes ___ No ___ Sometimes ___
9. Does your tinnitus interfere with your ability to enjoy social activities; for example, going out to dinner or to the movies?
Yes ___ No ___ Sometimes ___
10. Because of your tinnitus do you feel frustrated?
Yes ___ No ___ Sometimes ___
11. Because of your tinnitus do you feel that you have a terrible disease?
Yes ___ No ___ Sometimes ___
12. Does your tinnitus make it difficult to enjoy life?
Yes ___ No ___ Sometimes ___
13. Does your tinnitus interfere with your job or household responsibilities?
Yes ___ No ___ Sometimes ___
14. Because of your tinnitus do you find that you are often irritable?
Yes ___ No ___ Sometimes ___

15. Because of your tinnitus is it difficult for you to read?
Yes ___ No ___ Sometimes ___
16. Does your tinnitus make you upset?
Yes ___ No ___ Sometimes ___
17. Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?
Yes ___ No ___ Sometimes ___
18. Do you find it difficult to focus your attention away from your tinnitus and onto other things?
Yes ___ No ___ Sometimes ___
19. Do you feel that you have no control over your tinnitus?
Yes ___ No ___ Sometimes ___
20. Because of your tinnitus do you often feel tired?
Yes ___ No ___ Sometimes ___
21. Because of your tinnitus do you feel depressed?
Yes ___ No ___ Sometimes ___
22. Does your tinnitus make you feel anxious?
Yes ___ No ___ Sometimes ___
23. Do you feel like you can no longer cope with your tinnitus?
Yes ___ No ___ Sometimes ___
24. Does your tinnitus get worse when you are under stress?
Yes ___ No ___ Sometimes ___
25. Does your tinnitus make you feel insecure?
Yes ___ No ___ Sometimes ___

SEVERITY GRADE LEVEL

0 – 16 points:

Grade 1 – Slight (only heard in quiet environments)

18 – 36 points:

Grade 2 – Mild (easily masked by environmental sounds and easily forgotten with activities)

38 – 56 points:

Grade 3 – Moderate (noticed in presence of background noise; daily activities can still be performed)

58 – 76 points:

Grade 4 – Severe (almost always heard, leads to disturbed sleep patterns and can interfere with daily activities)

78 – 100 points:

Grade 5 – Catastrophic (always heard, disturbed sleep patterns, difficulty with any activities)

Date: _____ Score: _____