Watauga Hearing
www.WataugaHearing.com

Tinnitus Handicap Inventory

Patient Name: _____ Date: _____

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.

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 feel confused?	☐ Yes ☐ Sometimes ☐ No
5. Because of your tinnitus, do you feel 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 your tinnitus?	☐ Yes ☐ Sometimes ☐ No
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner or to the movies)?	☐ Yes ☐ Sometimes ☐ No
10. Because of your tinnitus, do you feel frustrated?	☐ Yes ☐ Sometimes ☐ No
11. Because of your tinnitus, do you feel you have a terrible disease?	☐ Yes ☐ Sometimes ☐ No
12. Does your tinnitus make it difficult for you 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 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 onto other things?	☐ Yes ☐ Sometimes ☐ No
19. Do you feel 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

Newman, C.W., Jacobson, G.P., Spitzer, J.B. (1996). Development of the Tinnitus Handicap Inventory. Arch Otolaryngology 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. Otolaryngology 26, 388-393.
81068-007 1/13 FORM2617-00-EE-XX

For Clinician Use Only

Total Per Column							
	x4		**x2**		**x0**		
Total Score		+		+		=	

2340 Knob Creek Road, Suite 700, Johnson City, TN 37604
(423) 928-1901 | www.WataugaHearing.com