# Tinnitus Handicap Inventory

Name _______________________________________________________________

Date  ________________________

The purpose of the 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.

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Because of your tinnitus is it difficult to concentrate?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>2. Does the loudness of your tinnitus make it difficult for you to hear people?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>3. Does your tinnitus make you angry?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>4. Does your tinnitus make you feel confused</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>5. Because of your tinnitus do you feel desperate?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>6. Do you complain a great deal about your tinnitus?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>7. Because of your tinnitus do you have trouble falling to sleep at night?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>8. Do you feel that you cannot escape your tinnitus?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>10. Because of your tinnitus do you feel frustrated?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>11. Because of your tinnitus do you feel that you have a terrible disease?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>12. Does your tinnitus make it difficult for you to enjoy life?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>13. Does your tinnitus interfere with your job or household duties?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>14. Because of your tinnitus do you find that you are often irritable?</td>
<td>Yes / Sometimes / No</td>
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<tr>
<td>15. Because of your tinnitus is it difficult for you to read?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Question</td>
<td>Answer Options</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------</td>
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<tr>
<td>Does your tinnitus make you upset?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Do you feel that your tinnitus problem has placed stress on your relationship with members of your family and friends?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Do you find it difficult to focus your attention away from your tinnitus and on other things?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Do you feel that you have no control over your tinnitus?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Because of your tinnitus do you often feel tired?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Because of your tinnitus do you feel depressed?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Does your tinnitus make you feel anxious?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Do you feel that you can no longer cope with your tinnitus?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Does your tinnitus get worse when you are under stress?</td>
<td>Yes / Sometimes / No</td>
</tr>
<tr>
<td>Does your tinnitus make you feel insecure?</td>
<td>Yes / Sometimes / No</td>
</tr>
</tbody>
</table>