

# 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.

1. Because of your tinnitus is it difficult 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 to sleep at night? **Yes / Sometimes / No**
8. Do you feel that you cannot escape your tinnitus? **Yes / Sometimes / No**
9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, 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 that 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 duties? **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 that your tinnitus problem has placed stress on your relationship 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 on other things? **Yes / Sometimes / No**
19. Do you feel that 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 that 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**