Oregon Ear, Nose and Throat Center

Tinnitus Handicap Inventory

Name: _____

Date: _____ DOB: _____

The purpose of the scale is to identify the problems your tinnitus may be causing you. Circle "Yes," "Sometimes," or "No" for each question. Please 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

For Clinician Use Only

	Yes		Sometimes		No		
Total Per Column							
	x 4		**x 2**		**x 0**		
Total Score		+		+		=	

Newman CW, Jacobson GP, Spitzer JB. Development of the Tinnitus Handicap Inventory. Arch Otolaryngol Head Neck Surg. 1996; 122(2):143-148.