

# Tinnitus Handicap Inventory (THI)

**Sonora Hearing Care, LLC**

5625 E Grant Road  
Tucson, AZ 85712



Name: \_\_\_\_\_

Date: \_\_\_\_\_

		Yes (4)	Sometimes (2)	No (0)
1	Because of your tinnitus, is it difficult for you to concentrate?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
2	Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
3	Does your tinnitus make you angry?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
4	Does your tinnitus make you confused?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
5	Because of your tinnitus, are you desperate?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
6	Do you complain a great deal about your tinnitus?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
7	Because of your tinnitus, do you have trouble falling asleep at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
8	Do you feel as though you cannot escape from your tinnitus?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
9	Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or to the cinema)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
10	Because of your tinnitus, do you feel frustrated?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
11	Because of your tinnitus, do you feel that you have a terrible disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
12	Does your tinnitus make it difficult to enjoy life?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
13	Does your tinnitus interfere with your job or household responsibilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
14	Because of your tinnitus, do you find that you are often irritable?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
15	Because of your tinnitus, is it difficult for you to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
16	Does your tinnitus make you upset?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
17	Do you feel that your tinnitus has placed stress on your relationships with members	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
19	Do you feel that you have no control over your tinnitus?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
20	Because of your tinnitus, do you often feel tired?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
21	Because of your tinnitus, do you feel depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
22	Does your tinnitus make you feel anxious?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
23	Do you feel you can no longer cope with your tinnitus?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
24	Does your tinnitus get worse when you are under stress?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No
25	Does your tinnitus make you feel insecure?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes	<input type="checkbox"/> No

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## For clinician use only

Total THI Score: (number of 'Yes' responses x 4) + (number of 'Sometimes' responses x 2) = \_\_\_\_\_

Determine presence of perceived tinnitus handicap based on total THI score.

<b>0-16:</b>	Slight or no handicap (Grade 1)
<b>18-36:</b>	Mild handicap (Grade 2)
<b>38-56:</b>	Moderate handicap (Grade 3)
<b>58-76:</b>	Severe handicap (Grade 4)
<b>78-100:</b>	Catastrophic handicap (Grade 5)

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## References

Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the Tinnitus Handicap Inventory. Arch Otolaryngol Head Neck Surg, 122, 143-148.

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McCombe, A., Bagueley, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: The results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999.

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