

Tinnitus Handicap Inventory

Pt. Name: _____ Initial Evaluation Date: _____

Answer YES, NO or SOMETIMES for each question. Do not skip a question if you avoid a situation because of a hearing problem. If you use hearing aids, please answer according to the way you hear with the aids.

| | Initial Evaluation | | | F/U Evaluation Date: _____ |
|--|--------------------|-----|-----------|-------------------------------|
| | Yes | No | Sometimes | |
| 1. Because of your tinnitus is it difficult for you to concentrate? | [] | [] | [] | _____ |
| 2. Does the loudness of your tinnitus make it difficult for you to hear people? | [] | [] | [] | _____ |
| 3. Does your tinnitus make you angry? | [] | [] | [] | _____ |
| 4. Does your tinnitus make you feel confused? | [] | [] | [] | _____ |
| 5. Because of your tinnitus do you feel desperate? | [] | [] | [] | _____ |
| 6. Do you complain a great deal about your tinnitus? | [] | [] | [] | _____ |
| 7. Because of your tinnitus do you have trouble falling to sleep at night? | [] | [] | [] | _____ |
| 8. Do you feel as though you cannot escape your tinnitus? | [] | [] | [] | _____ |
| 9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)? | [] | [] | [] | _____ |
| 10. Because of your tinnitus do you feel frustrated? | [] | [] | [] | _____ |
| 11. Because of your tinnitus do you feel that you have a terrible disease? | [] | [] | [] | _____ |
| 12. Does your tinnitus make it difficult for you to enjoy life? | [] | [] | [] | _____ |
| 13. Does your tinnitus make it difficult for you to enjoy life? | [] | [] | [] | _____ |
| 14. Because of your tinnitus do you find that you are often irritable? | [] | [] | [] | _____ |
| 15. Because of your tinnitus is it difficult for you to read? | [] | [] | [] | _____ |
| 16. Does your tinnitus make you upset? | [] | [] | [] | _____ |
| 17. Do you feel that your tinnitus problem has placed stress on your relationship with members of your family and friends? | [] | [] | [] | _____ |
| 18. Do you find it difficult to focus your attention away from your tinnitus and on other things? | [] | [] | [] | _____ |
| 19. Do you feel that you have no control over your tinnitus? | [] | [] | [] | _____ |
| 20. Because of your tinnitus do you often feel tired? | [] | [] | [] | _____ |
| 21. Because of your tinnitus do you feel depressed? | [] | [] | [] | _____ |
| 22. Does your tinnitus make you feel anxious? | [] | [] | [] | _____ |
| 23. Do you feel that you can no longer cope with your tinnitus? | [] | [] | [] | _____ |
| 24. Does your tinnitus get worse when you are under stress? | [] | [] | [] | _____ |
| 25. Does your tinnitus make you feel insecure? | [] | [] | [] | _____ |