WYOMING HEARING CLINIC

Tinnitus Handicap Inventory

Name _____ ☐ M ☐ F Date _____ DOB _____

Medical Record Number _____

The purpose of this scale is to identify the problems your tinnitus may be causing you.

1. Because of your tinnitus, is it difficult for you to concentrate?	☐ Yes	☐ Sometimes	☐ No
2. Does the loudness of your tinnitus make it difficult for you to hear?	☐ 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 asleep at night?	☐ Yes	☐ Sometimes	☐ No
8. Do you feel as though you cannot escape your tinnitus?	☐ Yes	☐ Sometimes	☐ No
9. Does your tinnitus interfere with your ability to enjoy your social activities, such as going out to dinner, to the movies, etc.?	☐ 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 to enjoy life?	☐ Yes	☐ Sometimes	☐ No
13. Does your tinnitus interfere with your job or household responsibilities?	☐ 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 relationships 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 onto other things?	☐ Yes	☐ Sometimes	☐ No
19. Do you feel you have no control over your tinnitus?	☐ Yes	☐ Sometimes	☐ No
20. Because of your tinnitus, do you feel tired?	☐ Yes	☐ Sometimes	☐ No
21. Because of your tinnitus, do you often feel depressed?	☐ Yes	☐ Sometimes	☐ No
22. Does your tinnitus make you feel anxious?	☐ Yes	☐ Sometimes	☐ No
23. Do you feel 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

Score (4 for each yes, 2 for each sometimes) _____ + _____ =_____

Grade (<18=1, 18-36=2, 38-56=3, 58-76=4, >76=5) _____

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