

Name: _____

Date: _____

Tinnitus Handicap Inventory

McCombe A, Baguley 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 Assoc. of Otolaryngologists, Head and Neck Surgeons, 1999. Clinical Otolaryngology 26, 388-393.

The purpose of these questions is to identify problems caused by your tinnitus.
Circle the answer which best fits your experience of tinnitus.

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

Scoring your test.

Points **4 0 2**

Grade 1 – Slight (0-16) Only heard in a quiet environment.

Grade 2 – Mild (18-36) Easily masked by environmental sounds and easily forgotten with activities.

Grade 3 – Moderate (38-56) Noticed in presence of background noise, although daily activities can still be performed.

Grade 4 – Severe (58-76) Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities.

Grade 5 – Catastrophic (78-100) Always heard, disturbed sleep patterns, difficulty with any activities.