

TINNITUS HANDICAP INVENTORY
(please print and fill out completely)

Patient Name: _____ DOB: _____ Today's Date: _____

The purpose of the scale is to identify the problems your tinnitus may be causing you. Check off "Yes", "Sometimes" or "No" for each question. Do not skip a question.

	Yes	Sometimes	No
1. Because of your tinnitus, is it difficult for you to concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your tinnitus make you angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your tinnitus make you feel confused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you complain a great deal about your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Because of your tinnitus, do you have trouble falling asleep at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you feel as though you cannot escape your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Does your tinnitus interfere with your ability to enjoy social activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Because of your tinnitus, do you feel frustrated, depressed, anxious or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do you feel that you have no control over your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you feel that you can no longer cope with your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Does your tinnitus get worse when you are under stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When did you first experience tinnitus? _____
How long have you had tinnitus in its present form? _____ Years _____ Months
Briefly describe what you were doing when the tinnitus first became apparent to you. _____

Were you experiencing any kind of emotional trauma at the time when you first noticed your tinnitus? Yes No

Where is your tinnitus primarily located?
 Left ear Right ear Both ears equally Head Other (please explain): _____

Does your tinnitus appear worse (check all that apply):
 When tired When tense or nervous At bedtime After alcohol Upon awakening When relaxed

Using the scale below, indicate the loudness of:
___ Your tinnitus right now ___ Your average tinnitus ___ Your tinnitus at its worst ___ Your tinnitus at its best
1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10
NONE MILD MODERATE SEVERE EXCRUTIATING

What percentage of the time are you bothered by tinnitus? _____
Is there a time of day when your tinnitus is most troublesome?
 At work In the Morning In the evening When trying to concentrate At social activities
 Around noise Other: _____

(over)

Patient Name: _____ Date: _____

Check all items below that describe the sound of your tinnitus:

- Hissing Ringing Cricket-like Whistle Steam whistle Pounding Pulsating Bells
 Clanging Buzzing Sizzling Clicking Ocean roar High tension wire Other: _____

	Yes	Sometimes	No
Do you consider yourself to be a tense person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that emotional or physical stress worsens the tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the tinnitus prevent you from falling asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the tinnitus awaken you from sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to fall back to sleep, once awakened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The loudness of your tinnitus is (check one):

- Fairly constant from day to day
 Fluctuates widely, being very loud some days and very mild other days
 Usually constant, but occasionally decreases markedly
 Usually constant, but occasionally increases

Do you have a hearing loss? Yes No

Which is more of a problem for you, the hearing difficulty or your tinnitus? Hearing difficulty Tinnitus Not sure

Have you been exposed to loud noise? Yes No

If so, when? Military Service Work Recreation Other

Do you wear ear protection in the presence of loud sounds? Yes No

If yes, how often do you wear ear protection? _____

Have you ever worn a hear aid? Yes No

If yes, do you currently wear it/them? Yes No

If you are a hearing aid user, how does the hearing aid affect your tinnitus?

- Makes tinnitus softer Makes tinnitus louder No effect

Are you adversely affected by loud sounds? Yes No

Have you discussed your tinnitus with friends or family members? Yes No

What was their reaction? _____

Are there other family members or friends who suffer from tinnitus? Yes No