Tinnitus Handicap Inventory (THI)

The Hearing Center at Rocky Mountain ENT

Patient Name: _____ Date: _____

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 people?	❑ 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?	❑ 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 for you 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 has placed stress on your relationships with family members and/or friends?	❑ YES	❑ SOMETIMES	❑ NO
18. Do you find it difficult to focus your attention away from your tinnitus?	❑ YES	❑ SOMETIMES	❑ NO
19. Do you feel that you have no control over your tinnitus?	❑ YES	❑ SOMETIMES	❑ NO
20. Because of your tinnitus, do you often feel tired?	❑ YES	❑ SOMETIMES	❑ NO
21. Because of your tinnitus, do you feel depressed?	❑ YES	❑ SOMETIMES	❑ NO
22. Does your tinnitus make you feel anxious?	❑ YES	❑ SOMETIMES	❑ NO
23. Do you feel that 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
26. During the past week, what percentage of the time were you AWARE of your tinnitus?	❑ YES	_____%	
27. During the past week, what percentage of the time were you DISTURBED by your tinnitus?	❑ YES	_____%	

TOTAL

0-16	(**Grade 1**)	Slight (only heard in quiet environments)
18-36	(**Grade 2**)	Mild (easily masked by environmental sounds and easily forgotten with activities)
37-56	(**Grade 3**)	Moderate (noticed in presence of background noise, ability to perform activities maintained)
57-76	(**Grade 4**)	Severe (almost always heard, leads to disturbed sleep patterns, interferes with activities)
77-100	(**Grade 5**)	Catastrophic (always heard, disturbed sleep patterns, difficulty with activities)