

Appendix C

TINNITUS HANDICAP INVENTORY

Name: _____ Pat # _____ Date Completed: _____

INSTRUCTIONS: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer **Yes**, **Sometimes**, or **No**, to each question. **Please do not skip any questions.**

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|----|--|-----|-----------|----|
| 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 to sleep 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)? | 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 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 on other things?	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

Thank you for your cooperation in completing this questionnaire

Total score: _____