

Tinnitus Evaluation

Patient Name: _____

	Points	4	0	2
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 asleep at night?	Yes	No	Sometimes	
8. Do you feel as though you cannot escape from your tinnitus?	Yes	No	Sometimes	
9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or 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 you have a terrible disease?	Yes	No	Sometimes	
12. Does your tinnitus make it difficulty 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 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 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 your tinnitus on to other things?	Yes	No	Sometimes	
19. Do you feel 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 you 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	

TOTAL: # Yes _____ x 4 + # Sometimes _____ x 2 = _____
(see back side for scoring)

Scoring the Tinnitus Handicap Inventory

0-16	Slight (only heard in quiet environments)	Grade 1
18-36	Mild (easily masked by environmental sound and easily forgotten with daily activities)	Grade 2
38-56	Moderate (noticed in presence of background noise, although daily activities can still be performed)	Grade 3
58-76	Severe (almost always heard, leads to disturbed sleep patterns and can interfere with daily activities)	Grade 4
78-100	Catastrophic (always heard, disturbed sleep patterns, difficulty with any activities)	Grade 5