BOW RIVER HEARING

Tinnitus Handicap Inventory (THI) Form

Patient Information

Last Name	First Name	Middle Name (s)
Questionnaire Date *(dd-mm-yyyy)*	Tester	Date of Birth *(dd-mm-yyyy)*

THI Questionnaire

The aim of this questionnaire is to find out what problem tinnitus might be giving you.
Check yes, sometimes, or no for each question.

		Yes	Sometimes	No
F1	Because of your Tinnitus is it difficult for you to concentrate?	☐	☐	☐
F2	Does the loudness of your Tinnitus make it difficult for you to hear people?	☐	☐	☐
E3	Does your Tinnitus make you angry?	☐	☐	☐
F4	Does your Tinnitus make you confused?	☐	☐	☐
C5	Because of your Tinnitus are you desperate?	☐	☐	☐
E6	Do you complain a great deal about your Tinnitus?	☐	☐	☐
F7	Because of your tinnitus do you have trouble falling asleep at night?	☐	☐	☐
C8	Do you feel as though you cannot escape from your Tinnitus?	☐	☐	☐
F9	Does your Tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the cinema)?	☐	☐	☐
E10	Because of your Tinnitus do you feel frustrated?	☐	☐	☐
C11	Because of your Tinnitus do you feel that you have a terrible disease?	☐	☐	☐
F12	Does your Tinnitus make it difficult to enjoy life?	☐	☐	☐
F13	Does your Tinnitus interfere with your job or household responsibilities?	☐	☐	☐
F14	Because of your Tinnitus do you find that you are often irritable?	☐	☐	☐
F15	Because of your Tinnitus is it difficult for you to read?	☐	☐	☐
E16	Does your Tinnitus make you upset?	☐	☐	☐
E17	Do you feel that your Tinnitus has placed stress on your relationships with members of your family and friends?	☐	☐	☐
F18	Do you find it difficult to focus your attention away from your Tinnitus and on to other things?	☐	☐	☐
C19	Do you feel that you have no control over your Tinnitus?	☐	☐	☐
F20	Because of your Tinnitus do you often feel tired?	☐	☐	☐
E21	Because of your Tinnitus do you feel depressed?	☐	☐	☐
E22	Does your Tinnitus make you feel anxious?	☐	☐	☐
C23	Do you feel you can no longer cope with your Tinnitus?	☐	☐	☐
F24	Does your Tinnitus get worse when you are under stress?	☐	☐	☐
E25	Does your Tinnitus make you feel insecure?	☐	☐	☐

THI Classification:

Clear Submit