

## Tinnitus Handicap Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is designed to identify difficulties that you have experiencing because of your tinnitus. Please answer **all** of the questions by **circling** the number that best reflects how your tinnitus has affected you.

	Yes	Sometimes	No
Is it difficult for you to concentrate, due to your tinnitus?	4	2	0
Does the loudness of your tinnitus make it difficult for you to hear people?	4	2	0
Does your tinnitus interfere with your ability to enjoy your social activities?	4	2	0
Do you have difficulty falling asleep, due to your tinnitus?	4	2	0
Do you feel like you cannot escape your tinnitus?	4	2	0
Does your tinnitus cause you to feel frustrated?	4	2	0
Does your tinnitus make you angry?	4	2	0
Does your tinnitus make you feel confused?	4	2	0
Does your tinnitus cause you to feel desperate?	4	2	0
Do you complain a great deal about your tinnitus?	4	2	0
Because of your tinnitus, do you feel like you have a terrible disease?	4	2	0
Does your tinnitus interfere with your job or household duties?	4	2	0
Does your tinnitus make you upset?	4	2	0
Does your tinnitus make it difficult for you to read?	4	2	0
Because of your tinnitus, do you find that you are often irritable?	4	2	0
Has your tinnitus placed stress on your relationships with family and / or friends?	4	2	0
Do you find it difficult to focus your attention away from your tinnitus and onto other things?	4	2	0
Do you feel that you do not have any control over your tinnitus?	4	2	0
Do you often feel tired because of your tinnitus?	4	2	0
Do you feel depressed as a result of your tinnitus?	4	2	0
Does your tinnitus make you feel anxious?	4	2	0
Does your tinnitus make you feel depressed?	4	2	0
Do you feel that you can no longer cope with your tinnitus?	4	2	0
Does your tinnitus get worse when you are under stress?	4	2	0
Does your tinnitus make you feel insecure?	4	2	0
<b>Total</b>			

**For Clinician Use Only:**

- 0 – 16 Slight** (Only heard in quiet environments)
- 18 – 36 Mild** (Easily masked by environmental sounds and easily forgotten with activities)
- 38 – 56 Moderate** (Noticed in presence of background noise, although daily activities can still be performed)
- 58 – 76 Severe** (Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities)
- 78 – 100 Catastrophic** (Always heard, disturbed sleep patterns and difficulty with activities)