

Tinnitus Handicap Inventory: Page 1

Please answer every question. When you are finished, click Next.

	Yes	Sometimes	No
1F. Because of your Tinnitus, is it difficult for you to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2F. Does the loudness of your Tinnitus make it difficult for you to hear people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3E. Does your Tinnitus make you angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4F. Does your Tinnitus make you feel confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5C. Because of your Tinnitus are you desperate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6E. Do you complain a great deal about your Tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7F. Because of your Tinnitus do you have trouble falling asleep at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8C. Do you feel as though you cannot escape from your Tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9F. Does your Tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the cinema)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Newman, CW, Jacobson, GP, and Spitzer, JB. Development of the Tinnitus Handicap Inventory. Arch. Otolaryngol Head Neck Surg. Vol. 122, Feb. 1996, pp242-248

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