PROFESSIONAL HEARING SOLUTIONS by Dr. Jill

Patient Name: _____ Date: _____

Instructions: The purpose of this questionnaire is to identify, quantify and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions.

1. Because of your tinnitus, is it difficult for you to concentrate?	○ Yes (4)	○ Sometimes (2)	○ No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people?	○ Yes (4)	○ Sometimes (2)	○ No (0)
3. Does your tinnitus make you angry?	○ Yes (4)	○ Sometimes (2)	○ No (0)
4. Does your tinnitus make you feel confused?	○ Yes (4)	○ Sometimes (2)	○ No (0)
5. Because of your tinnitus, do you feel desperate?	○ Yes (4)	○ Sometimes (2)	○ No (0)
6. Do you complain a great deal about your tinnitus?	○ Yes (4)	○ Sometimes (2)	○ No (0)
7. Because of your tinnitus, do you have trouble falling to sleep at night?	○ Yes (4)	○ Sometimes (2)	○ No (0)
8. Do you feel as though you cannot escape your tinnitus?	○ Yes (4)	○ Sometimes (2)	○ No (0)
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	○ Yes (4)	○ Sometimes (2)	○ No (0)
10. Because of your tinnitus, do you feel frustrated?	○ Yes (4)	○ Sometimes (2)	○ No (0)
11. Because of your tinnitus, do you feel that you have a terrible disease?	○ Yes (4)	○ Sometimes (2)	○ No (0)
12. Does your tinnitus make it difficult for you to enjoy life?	○ Yes (4)	○ Sometimes (2)	○ No (0)
13. Does your tinnitus interfere with your job or household responsibilities?	○ Yes (4)	○ Sometimes (2)	○ No (0)
14. Because of your tinnitus, do you find that you are often irritable?	○ Yes (4)	○ Sometimes (2)	○ No (0)
15. Because of your tinnitus, is it difficult for you to read?	○ Yes (4)	○ Sometimes (2)	○ No (0)
16. Does your tinnitus make you upset?	○ Yes (4)	○ Sometimes (2)	○ No (0)
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	○ Yes (4)	○ Sometimes (2)	○ No (0)
18. Do you find it difficult to focus your attention away from your tinnitus and on other things?	○ Yes (4)	○ Sometimes (2)	○ No (0)
19. Do you feel that you have no control over your tinnitus?	○ Yes (4)	○ Sometimes (2)	○ No (0)
20. Because of your tinnitus, do you often feel tired?	○ Yes (4)	○ Sometimes (2)	○ No (0)
21. Because of your tinnitus, do you feel depressed?	○ Yes (4)	○ Sometimes (2)	○ No (0)
22. Does your tinnitus make you feel anxious?	○ Yes (4)	○ Sometimes (2)	○ No (0)
23. Do you feel that you can no longer cope with your tinnitus?	○ Yes (4)	○ Sometimes (2)	○ No (0)
24. Does your tinnitus get worse when you are under stress?	○ Yes (4)	○ Sometimes (2)	○ No (0)
25. Does your tinnitus make you feel insecure?	○ Yes (4)	○ Sometimes (2)	○ No (0)

The sum of all responses is your THI Score ⏩ ☐

This form is your informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

0-16: Slight or no handicap (Grade 1)
18-36: Mild handicap (Grade 2)
38-56: Moderate handicap (Grade 3)
58-76: Severe handicap (Grade 4)
78-100: Catastrophic handicap (Grade 5)