

Tinnitus and Hearing Survey

	No, not a problem	Yes, a small problem	Yes, a moderate problem	Yes, a big problem	Yes, a very big problem	
A. Tinnitus						
Over the last week, tinnitus kept me from sleeping.	0	1	2	3	4	
Over the last week, tinnitus kept me from concentrating on reading.	0	1	2	3	4	
Over the last week, tinnitus kept me from relaxing.	0	1	2	3	4	
Over the last week, I couldn't get my mind off of my tinnitus.	0	1	2	3	4	Grand Total
	_____	_____	_____	_____	_____	□
	Total of each column					

B. Hearing						
Over the last week, I couldn't understand what others were saying in noisy or crowded places.	0	1	2	3	4	
Over the last week, I couldn't understand what people were saying on TV or in movies.	0	1	2	3	4	
Over the last week, I couldn't understand people with soft voices.	0	1	2	3	4	
Over the last week, I couldn't understand what was being said in group conversations.	0	1	2	3	4	Grand Total
	_____	_____	_____	_____	_____	□
	Total of each column					

C. Sound Tolerance						
Over the last week, everyday sounds were too loud for me.*	0	1	2	3	4	
<i>If you responded 1, 2, 3 or 4 to the statement above:</i>						
Being in a meeting with 5 to 10 people would be too loud for me.*	0	1	2	3	4	

*If sounds are too loud for you when wearing hearing aids, please tell your audiologist

TINNITUS HANDICAP INVENTORY



Instructions: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question.

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

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____