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Name _____
Date _____
Age _____ M / F

TINNITUS HANDICAP INVENTORY

The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus (ear noises). Please answer every question. Do not skip any questions.

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

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TOTAL SCORES: _____
GRAND TOTAL: _____