

## NOMS Patient-Reported Outcome (PRO) Form Tinnitus Handicap Inventory (THI)

**THI Instructions:** The purpose of this questionnaire is to identify the difficulties that you may be experiencing because of tinnitus. Please answer “Yes”, “Sometimes”, or “No” to each question.

Source: Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the tinnitus handicap inventory. *Archives of Otolaryngology–Head & Neck Surgery*, 122(2), 143-148.

McCombe, A., Baguley, D., Coles, R., McKenna, L., McKinney, C., & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: The results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999. *Clinical Otolaryngology & Allied Sciences*, 26(5), 388-393.

		Yes (4)	Sometimes (2)	No (0)
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 feel confused?			
5	Because of your tinnitus do you feel desperate?			
6	Do you complain a great deal about your tinnitus?			
7	Because of your tinnitus do you have trouble falling to sleep at night?			
8	Do you feel as though you cannot escape your tinnitus?			
9	Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?			
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 problem has placed stress on your relationship with members of your family and friends?			
18	Do you find it difficult to focus your attention away from your tinnitus and on 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 that 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?			

**Total THI Score:** \_\_\_\_\_

### THI Severity Scale:

**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)**