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TINNITUS HANDICAP INVENTORY

Name: _____

Date: _____

	YES	SOMETIMES	NO
Because of your tinnitus is it difficult for you to concentrate?			
Does the loudness of your tinnitus make it difficult for you to hear?			
Does your tinnitus make you angry?			
Does your tinnitus make you feel confused?			
Because of your tinnitus do you feel desperate?			
Do you complain a great deal about your tinnitus?			
Because of your tinnitus do you have trouble falling asleep?			
Do you feel as though you cannot escape your tinnitus?			
Does your tinnitus interfere with your ability to enjoy social activities such as going out to dinner, cinema?			
Because of your tinnitus do you feel frustrated?			
Because of your tinnitus do you feel you have a terrible disease?			
Does your tinnitus make it difficult for you to enjoy life?			
Does your tinnitus interfere with your job or household responsibilities?			
Because of your tinnitus do you find that you are often irritable?			
Because of your tinnitus is it difficult for you to read?			
Does your tinnitus make you upset?			
Do you feel that your tinnitus has placed stress on your relationship with members of your family, friends?			
Do you find it difficult to focus your attention away from your tinnitus and on to other things?			

	YES	SOMETIMES	NO
Do you feel that you have no control over your tinnitus?			
Because of your tinnitus are you often tired?			
Because of your tinnitus do you feel depressed?			
Does your tinnitus make you feel anxious?			
Do you feel that you can no longer cope with your tinnitus?			
Does your tinnitus get worse when you are under stress?			
Does your tinnitus make you feel insecure?			