

Screening Tinnitus Handicap Inventory (THI-S)

Name:

Date:

The purpose of these questions is to identify problems your tinnitus may be causing you. To fill out the questionnaire, mark a value next to each question.

	10	0	5	Points
1. Because of your tinnitus, do you feel frustrated?	Yes	No	Sometimes	
2. Does your tinnitus make you upset?	Yes	No	Sometimes	
3. Because of your tinnitus, do you feel depressed?	Yes	No	Sometimes	
4. Does your tinnitus make you feel anxious?	Yes	No	Sometimes	
5. Because of your tinnitus, is it difficult for you to concentrate?	Yes	No	Sometimes	
6. Does your tinnitus make it difficult for you to enjoy life?	Yes	No	Sometimes	
7. Do you find it difficult to focus your attention away from your tinnitus and on other things?	Yes	No	Sometimes	
8. Because of your tinnitus, do you often feel tired?	Yes	No	Sometimes	
9. Do you feel as though you cannot escape your tinnitus?	Yes	No	Sometimes	
10. Do you feel that you can no longer cope with your tinnitus?	Yes	No	Sometimes	

Total =

Total points by adding the numbers in the last column.

- 0 – 25 = Mild distress
- 26 – 50 = Moderate distress
- 51 – 75 = Severe distress
- 76 – 100 = Very severe distress

Changes of 20 points or more over time are considered significant.