

Tinnitus Handicapped Inventory (THI)

1. Is it difficult 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 feel confused?	Yes	Sometimes	No
5. Because of your tinnitus do you feel 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 your tinnitus?	Yes	Sometimes	No
9. Does it interfere with your ability to enjoy your social activities?	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 for you 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. Has your tinnitus placed stress on your relationships with family or friends?	Yes	Sometimes	No
18. Do you find it difficult to focus your attention on 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 that 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

PQH9

Over the last 2 weeks, how often have you been bothered by: (please circle best option):

1. Little interest or pleasure in doing things.....	Not at all	Several days	More than ½ the days	Nearly every day
2. Feeling down, depressed, hopeless	Not at all	Several days	More than ½ the days	Nearly every day
3. Trouble falling or staying asleep or sleeping too much.....	Not at all	Several days	More than ½ the days	Nearly every day
4. Feeling tired or having no energy.....	Not at all	Several days	More than ½ the days	Nearly every day
5. Poor appetite or overeating	Not at all	Several days	More than ½ the days	Nearly every day
6. Feeling as if you failed yourself or your family.....	Not at all	Several days	More than ½ the days	Nearly every day
7. Trouble concentrating	Not at all	Several days	More than ½ the days	Nearly every day
8. Moving or speaking so slowly others have noticed being too fidgety.....	No at all	Several days	More than ½ the days	Nearly every day
9. Thoughts of hurting yourself or feeling you are better off dead.....	Not at all	Several days	More than ½ the days	Nearly every day