

**Tinnitus Reaction Questionnaire (TRQ)**

Name \_\_\_\_\_

Date Completed: \_\_\_\_\_

This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that **best reflects** how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total					

Wilson et al. 1991

# Tinnitus Handicap Inventory (THI)

This form is for informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answer all the questions, add up your total score, based on the values for each response.

1. Because of your tinnitus, is it difficult for you to concentrate?	Yes (4)	Sometimes (2)	No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people?	Yes (4)	Sometimes (2)	No (0)
3. Does your tinnitus make you angry?	Yes (4)	Sometimes (2)	No (0)
4. Does your tinnitus make you feel confused?	Yes (4)	Sometimes (2)	No (0)
5. Because of your tinnitus, do you feel desperate?	Yes (4)	Sometimes (2)	No (0)
6. Do you complain a great deal about your tinnitus?	Yes (4)	Sometimes (2)	No (0)
7. Because of your tinnitus, do you have trouble falling to sleep at night?	Yes (4)	Sometimes (2)	No (0)
8. Do you feel as though you cannot escape your tinnitus?	Yes (4)	Sometimes (2)	No (0)
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	Yes (4)	Sometimes (2)	No (0)
10. Because of your tinnitus, do you feel frustrated?	Yes (4)	Sometimes (2)	No (0)
11. Because of your tinnitus, do you feel that you have a terrible disease?	Yes (4)	Sometimes (2)	No (0)
12. Does your tinnitus make it difficult for you to enjoy life?	Yes (4)	Sometimes (2)	No (0)
13. Does your tinnitus interfere with your job or household responsibilities?	Yes (4)	Sometimes (2)	No (0)
14. Because of your tinnitus, do you find that you are often irritable?	Yes (4)	Sometimes (2)	No (0)
15. Because of your tinnitus, is it difficult for you to read?	Yes (4)	Sometimes (2)	No (0)
16. Does your tinnitus make you upset?	Yes (4)	Sometimes (2)	No (0)
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	Yes (4)	Sometimes (2)	No (0)
18. Do you find it difficult to focus your attention away from your tinnitus and on other things?	Yes (4)	Sometimes (2)	No (0)
19. Do you feel that you have no control over your tinnitus?	Yes (4)	Sometimes (2)	No (0)
20. Because of your tinnitus, do you often feel tired?	Yes (4)	Sometimes (2)	No (0)
21. Because of your tinnitus, do you feel depressed?	Yes (4)	Sometimes (2)	No (0)
22. Does your tinnitus make you feel anxious?	Yes (4)	Sometimes (2)	No (0)
23. Do you feel that you can no longer cope with your tinnitus?	Yes (4)	Sometimes (2)	No (0)
24. Does your tinnitus get worse when you are under stress?	Yes (4)	Sometimes (2)	No (0)
25. Does your tinnitus make you feel insecure?	Yes (4)	Sometimes (2)	No (0)

**The sum of all responses is your THI Score >>>**

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)