



Advanced Hearing Care  
Care that is state-of-the-art. Dedication from the heart.

## TH Inventory (Newman et al)

Instructions: The purpose of this questionnaire is to identify difficulties that you may experience because of your tinnitus. Please answer YES, SOMETIMES, or NO, to each question. Please DO NOT SKIP any questions.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

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

F \_\_\_\_\_ C \_\_\_\_\_ E \_\_\_\_\_ T \_\_\_\_\_