

Understanding Tinnitus Assessment Questionnaires

By David Strom

Trying to assess tinnitus can be difficult, in part because there are numerous questionnaires used by both clinicians and laypeople. It helps to understand the different purposes and intentions of these assessments and how patients can use them to explore their own issues and progress with tinnitus. Some surveys are useful in measuring the outcomes of various clinical trials, and others are better suited for a patient's self-assessment.

A review of the medical literature shows that there are at least 10 different formulations. Here are just a few of them.

Tinnitus Handicap Questionnaire

Two of the oldest originated at the University of Iowa and can be downloaded from its website.¹ The first is the *Tinnitus Handicap Questionnaire*, which was developed and psychometrically measured by Dr. Francis Kuk and others in 1990. It examines three different factors:

- The physical, emotional, and social consequences of tinnitus
- The hearing ability of the patient
- The patient's view of tinnitus

It consists of 27 questions and uses a scale from 0 to 100 to score how the patient agrees or disagrees with the statements. Though this large



scale can be daunting for patients, it does offer clinicians more precision in determining the impact of tinnitus on various functions.

Tinnitus Activities Questionnaire

The second Iowa assessment is the *Tinnitus Activities Questionnaire*, which consists of 20 questions, also on a scale from 0 to 100. It looks at the emotional aspect of tinnitus as well as problems associated with concentration, hearing, and sleep, which are common complaints among those with bothersome tinnitus. Both of the Iowa questionnaires can be downloaded in their original and revised versions.

Both of the Iowa questionnaires focus on four broad functional areas:

- Thoughts and emotions
- Hearing
- Sleep impact
- Concentration

This is a useful organizational method to help patients who haven't ever done a self-assessment to start thinking about their tinnitus.

Tinnitus Functional Index

Looking elsewhere, there is the *Tinnitus Functional Index*, which is described on the American Academy of Audiology's website.² Released in 2014, it includes eight categories, such as degree of intrusiveness and sense of patient control. The index has

25 questions on quality of life, with a scale from 1 to 10, and can be useful for measuring the clinical effectiveness of treatments. It can be downloaded from a separate link.³

Tinnitus Handicap Inventory

The *Tinnitus Handicap Inventory* was developed in 1996.⁴ It has 25 questions with three possible answers (yes, sometimes, and no) that are scored numerically. Higher scores indicate greater difficulty in functioning, or a higher tinnitus handicap. The THI is a self-report measure of the impact of tinnitus on a person's daily life that can also be used by clinical practices.

As you can imagine, the range of questions varies tremendously among

these surveys. Most ask whether a patient's sleep is disturbed, while only a few ask about whether patients avoid noisy environments or feel tired or fatigued. Fatima Husain, PhD, of the University of Illinois, Urbana-Champaign, summarized nine different questionnaires in her paper and concluded, "No single questionnaire covers everything, and there isn't any reliable psychoacoustic tinnitus test. All of the questionnaires differ in regard to question format, scales, and specific wording, making them difficult to use in comparing treatment effects among different clinics."⁵

If you are interested in a self-assessment, download one or more of these surveys and spend some time answering questions as truthfully as

you can to see how you are affected by tinnitus. Please note that self-assessment is not a substitute for working with a qualified healthcare provider well versed in tinnitus management strategies. 

- 1 University of Iowa Carver College of Medicine, Department of Otolaryngology—Head and Neck Surgery. (n.d.). *Tinnitus questionnaires*. Retrieved from <https://medicine.uiowa.edu/oto/research/tinnitus-and-hyperacusis/tinnitus-questionnaires>
- 2 American Academy of Audiology. (2015, January 7). *Tinnitus Functional Index*. Retrieved from <https://www.audiology.org/news/tinnitus-functional-index>
- 3 Download the TFI here: http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/EANDH/A/EANDH_2011_09_27_HENRY_200593_SDC15.pdf
- 4 Download the THI here: https://www.ata.org/sites/default/files/Tinnitus_Handicap_Inventory.pdf
- 5 Husain, F. (2018). Using brain imaging techniques to find the tinnitus signal [Slide show]. Retrieved from <https://www.ncrar.research.va.gov/Conference/Documents/PPT/Husain.pdf>



Tinnitus assessment questionnaires should be used for informational purposes only and should not take the place of consultation and evaluation by a qualified healthcare professional well versed in tinnitus management.

**"You don't need to have an ear to have tinnitus.
But you do need to have a brain to have tinnitus."**

— Don McFerran, MD, and Trustee of the British Tinnitus Association, responding to a question at the BTA's Annual Conference + Expo, September 14-15, 2018, Birmingham, UK

