

DATE:
PATIENT NAME:

**SOUND HEARING CARE \TINNITUS HANDICAP  
 QUESTIONNAIRE (3)**

INSTRUCTIONS: This questionnaire has 27 questions. Please indicate **0** that you strongly disagree (up to) **100** that you strongly agree. Please do not skip any questions.

1	I am unable to follow conversation during meetings because of tinnitus.	
2	Tinnitus creates family problems.	
3	I think I have a healthy outlook on tinnitus.	
4	I feel uneasy in social situations because of tinnitus.	
5	I have trouble falling asleep at night because of tinnitus.	
6	Tinnitus contributes to a feeling of general ill health.	
7	Tinnitus interferes with my ability to tell where sounds are coming from.	
8	I have support from my friends regarding my tinnitus.	
9	I am unable to relax because of tinnitus.	
10	I do not enjoy life because of tinnitus.	
11	My tinnitus has gotten worse over the years.	
12	I cannot concentrate because of tinnitus.	
13	Tinnitus makes me feel tired.	
14	Tinnitus causes me to feel depressed.	
15	The general public does not know about the devastating nature of tinnitus.	
16	Tinnitus causes me to avoid noisy situations.	
17	Tinnitus interferes with my speech understanding when talking with someone in a noisy room.	
18	I find it difficult to explain what tinnitus is to others.	
19	I complain more because of tinnitus.	
20	Tinnitus makes me feel annoyed.	
21	Tinnitus makes me feel insecure.	
22	Tinnitus interferes with my speech understanding when listening to the television.	
23	Tinnitus affects the quality of my relationships.	
24	Tinnitus has caused a reduction in my speech understanding ability.	
25	Tinnitus causes stress.	
26	Tinnitus makes me feel anxious.	
27	I feel frustrated frequently because of tinnitus.	

\*Kuk FK, Tyler RS, Russell D and Jordan H (1990). The psychometric properties of a tinnitus handicap questionnaire. Ear Hear, 11(6): 434-442.