



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Tinnitus Handicap Inventory

The purpose of the scale is to identify the problems your tinnitus may be causing you. Check "Yes," "Sometimes," or "No" for each question. Do not skip a question.

1. Because of your tinnitus 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 to sleep at night?

Yes

Sometimes

No

8. Do you feel that you cannot escape your tinnitus?

Yes

Sometimes

No

9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)?

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 duties?

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. Do you feel that your tinnitus problem has placed stressed on your relationship with members of your family and friends?

Yes

Sometimes

No

18. Do you find it difficult to focus your attention away from your tinnitus and 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 are you are under stress?

Yes

Sometimes

No

25. Does your tinnitus make you feel insecure?

Yes

Sometimes

No

Scoring Instructions

Yes = 4

Sometimes = 2

No = 0

Total scale ranges from 0 to 100 with higher scores representing greater perceived handicap.

For more information on scoring the Tinnitus Handicap Inventory, please review Newman et al., 1996.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/201001>