

# Spouse Tinnitus Handicap Inventory (STHI)

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

This questionnaire is designed to find out what sorts of effects tinnitus has had on the lifestyle, general well-being, etc. of your spouse. Please answer **all** questions by selecting the answer that **best reflects** how tinnitus has affected your spouse **over the past week**.

	YES (4 POINTS)	SOMETIMES (2 POINTS)	NO (0 POINTS)
1. Because of tinnitus is it difficult for your spouse to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the loudness of tinnitus make it difficult for your spouse to hear people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does tinnitus make your spouse angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does tinnitus make your spouse confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Because of tinnitus, does your spouse seem desperate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your spouse complain to others about their tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Because of tinnitus does your spouse have trouble falling asleep at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your spouse feel as though he/she cannot escape from tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does tinnitus interfere with your spouse's ability to enjoy social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Because of tinnitus does your spouse seem frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Because of tinnitus does your spouse feel that he/she has a terrible disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does tinnitus make it difficult for your spouse to enjoy life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does tinnitus interfere with your spouse's job or household responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Because of tinnitus do you find that your spouse is irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Because of tinnitus is it difficult for your spouse to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does tinnitus make your spouse upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel that your spouse's tinnitus has placed stress on his/her relationships with friends or family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your spouse find it difficult to focus attention away from his/her tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your spouse feel he/she has no control over his/her tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Because of tinnitus does your spouse seem tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Because of tinnitus does your spouse seem depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does tinnitus make your spouse anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your spouse feel he/she can no longer cope with his/her tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your spouse's tinnitus get worse when he/she is under stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does your spouse's tinnitus make him/her feel insecure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Number of Points:</b>	_____	_____	_____

- 0 – 16**     **Slight:** Only heard in quiet environments
- 18 – 36**   **Mild:** Easily masked by environmental sounds and easily forgotten with activities
- 38 – 56**   **Moderate:** Noticed in presence of background noise, daily activities can still be performed
- 58 – 76**   **Severe:** Almost always heard, leads to disturbed sleep patterns and interferes with daily activities
- 78 – 100**   **Catastrophic:** Always heard, disturbed sleep patterns, difficulty with any activities



Reference: McCombe, A., Bagueley, D. Coles, R., McKenna, L., McKinney, C. and Windle-Taylor, P. (2001). **Guidelines for the Grading of Tinnitus Severity:** Result of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999, Clin Otolaryngol 26, 388-393.