

## Tinnitus Functional Index

Today's Date

*month / day / year*

Your Name

Please read each question below carefully. To answer a question, select ONE of the numbers that is listed for that question, and CHECK the box to the RIGHT of your answer.

### I Over the PAST WEEK...



1. What percentage of your time awake were you consciously **AWARE OF** your tinnitus?

Never aware  0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  Always aware

2. How **STRONG** or **LOUD** was your tinnitus?



Not at all strong or loud  0 1 2 3 4 5 6 7 8 9 10  Extremely strong or loud

3. What percentage of your time awake were you **ANNOYED** by your tinnitus?



None of the time  0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%  All of the time

### SC Over the PAST WEEK...



4. Did you feel **IN CONTROL** in regard to your tinnitus?

Very much in control  0 1 2 3 4 5 6 7 8 9 10  Never in control

5. How easy was it for you to **COPE** with your tinnitus?

Very easy to cope  0 1 2 3 4 5 6 7 8 9 10  Impossible to cope

6. How wasy was it for you to **IGNORE** your tinnitus?

Very easy to ignore  0 1 2 3 4 5 6 7 8 9 10  Impossible to ignore

### C Over the PAST WEEK...

7. Your ability to **CONCENTRATE**?

Did not interfere  0 1 2 3 4 5 6 7 8 9 10  Completely interfered

8. Your ability to **THINK CLEARLY**?



Did not interfere  0 1 2 3 4 5 6 7 8 9 10  Completely interfered

9. Your ability to **FOCUS ATTENTION** on other things besides your tinnitus?



Did not interfere  0 1 2 3 4 5 6 7 8 9 10  Completely interfered

### SL Over the PAST WEEK...

10. How often did your tinnitus make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?

Never had difficulty  0 1 2 3 4 5 6 7 8 9 10  Always had difficulty

11. How often did your tinnitus cause you difficulty in getting **AS MUCH SLEEP** as you needed?

Never had difficulty  0 1 2 3 4 5 6 7 8 9 10  Always had difficulty

12. How much of the time did your tinnitus keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?

None of the time  0 1 2 3 4 5 6 7 8 9 10  All of the time

Please read each question below carefully. To answer a question, select ONE of the numbers that is listed for that question, and CHECK the box to the RIGHT of your answer.

A	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>											<i>Completely interfered</i>
		▼											▼
13.	Your ability to <b>HEAR CLEARLY</b> ?	0	1	2	3	4	5	6	7	8	9	10	
14.	Your ability to <b>UNDERSTAND PEOPLE</b> who are talking?	0	1	2	3	4	5	6	7	8	9	10	
15.	Your ability to <b>FOLLOW CONVERSATIONS</b> in a group or at meetings?	0	1	2	3	4	5	6	7	8	9	10	

R	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>											<i>Completely interfered</i>
		▼											▼
16.	Your <b>QUIET RESTING ACTIVITIES</b> ?	0	1	2	3	4	5	6	7	8	9	10	
17.	Your ability to <b>RELAX</b> ?	0	1	2	3	4	5	6	7	8	9	10	
18.	Your ability to enjoy <b>PEACE AND QUIET</b> ?	0	1	2	3	4	5	6	7	8	9	10	

Q	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>											<i>Completely interfered</i>
		▼											▼
19.	Your enjoyment of <b>SOCIAL ACTIVITIES</b> ?	0	1	2	3	4	5	6	7	8	9	10	
20.	Your <b>ENJOYMENT OF LIFE</b> ?	0	1	2	3	4	5	6	7	8	9	10	
21.	Your <b>RELATIONSHIPS</b> with family, friends and other people?	0	1	2	3	4	5	6	7	8	9	10	

22. How often did your tinnitus cause you to have difficulty performing your **WORK OR OTHER TASKS**, such as home maintenance, school work, or caring for children or others?

Never had difficulty 0 1 2 3 4 5 6 7 8 9 10 Always had difficulty

E	Over the PAST WEEK...												
23.	How <b>ANXIOUS</b> or <b>WORRIED</b> has your tinnitus made you feel?												
	<i>Not at all anxious or worried</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Extremely anxious or worried</i>
24.	How <b>BOTHERED</b> or <b>UPSET</b> have you been because of your tinnitus?												
	<i>Not at all anxious or worried</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Extremely anxious or worried</i>
25.	How <b>DEPRESSED</b> were you because of your tinnitus?												
	<i>Not at all depressed</i>	0	1	2	3	4	5	6	7	8	9	10	<i>Extremely depressed</i>