

# TINNITUS FUNCTIONAL INDEX

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_

Month / Day / Year

Please Print

**Please read each question below carefully. To answer a question, select *ONE* of the numbers that is listed for that question, and draw a *CIRCLE* around it like this: 10% or 1.**

## 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 easy 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 draw a **CIRCLE** around it like this: **10%** or **1**.

A	Over the PAST WEEK, how much has your tinnitus interfered with...	Did not interfere	Completely interfered
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...	Did not interfere	Completely interfered
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...	Did not interfere	Completely interfered
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 <b>WORK OR OTHER TASKS</b> , 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?	Not at all anxious or worried ► 0 1 2 3 4 5 6 7 8 9 10 ◄ Extremely anxious or worried	
24.	How <b>BOTHERED</b> or <b>UPSET</b> have you been because of your tinnitus?	Not at all bothered or upset ► 0 1 2 3 4 5 6 7 8 9 10 ◄ Extremely bothered or upset	
25.	How <b>DEPRESSED</b> were you because of your tinnitus?	Not at all depressed ► 0 1 2 3 4 5 6 7 8 9 10 ◄ Extremely depressed	