

TINNITUS FUNCTIONAL INDEX

Today's Date _____
Month / Day / Year

Your Name _____
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...	<i>Did not interfere</i>	<i>Completely interfered</i>
		▼	▼
13.	Your ability to HEAR CLEARLY ?	0	10
14.	Your ability to UNDERSTAND PEOPLE who are talking?	0	10
15.	Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	0	10
		0	10
R	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
		▼	▼
16.	Your QUIET RESTING ACTIVITIES ?	0	10
17.	Your ability to RELAX ?	0	10
18.	Your ability to enjoy " PEACE AND QUIET "?	0	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 SOCIAL ACTIVITIES ?	0	10
20.	Your ENJOYMENT OF LIFE ?	0	10
21.	Your RELATIONSHIPS with family, friends and other people?	0	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?	0	10
	<i>Never had difficulty</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i>		
E	Over the PAST WEEK...		
23.	How ANXIOUS or WORRIED 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 BOTHERED or UPSET have you been because of your tinnitus?		
	<i>Not at all bothered or upset</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely bothered or upset</i>		
25.	How DEPRESSED 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>		