TINNITUS FUNCTIONAL INDEX

Today's Date		Y	our Na	me _							
Month / Day / Y							Pleas				
Please read each question below carefully. To answer a question, select ONE of the											
numbers that is listed for that question, and draw a <i>CIRCLE</i> around it like this: 10% or 1.											
P Over the PAST WE	EK										
1. What percentage of your time awake were you consciously AWARE OF your tinnitus?											
Never aware ► 0% 10%	20% 309	% 40%	50%	60%	70%	80%	90%	1	00% ⋖ 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 WE	EK										
4. Did you feel IN CONTRO	L in rega	rd to you	ır tinni	tus?							
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 how much did your tinnitus interfere with											
7. Your ability to CONCENT	RATE?										
Did not interfere ► 0	1 2	3 4	5	6	7	8	9	10	■ Completely interfered		
8. Your ability to THINK CL	EARLY?										
Did not interfere ► 0	1 2	3 4	5	6	7	8	9	10	■ Completely interfered		
9. Your ability to FOCUS A	TTENTIC	N on ot	her thi	ngs be	esides	your	tinnit	us	?		
Did not interfere ► 0	1 2	3 4	5	6	7	8	9	10	■ Completely interfered		
SL Over the PAST WE	EK										
10. How often did your tinni	tus make	it difficu	It to F	ALL A	SLEE	P or	STAY	/ A	SLEEP?		
Never had difficulty ► 0	1 2	3 4	5	6	7	8	9	10	■ Always had difficulty		
11. How often did your tinni	tus cause	you diff	iculty i	in gett	ing A S	S MU	CH S	LE	EP 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

Α	Over the PAST WEEK, how your tinnitus interfered wi			Did inter									mple nterfe	-
13.	. Your ability to HEAR CLEA	RLY?		0	1	2	3	4	5	6	7	8	9	10
14.	Your ability to UNDERSTAN are talking?	ND PEOPLE \	who	0	1	2	3	4	5	6	7	8	9	10
15	Your ability to FOLLOW CC in a group or at meetings'		NS	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 QUIET RESTING ACT	TIVITIES?		0	1	2	3	4	5	6	7	8	9	10
17	Your ability to RELAX ?			0	1	2	3	4	5	6	7	8	9	10
18.	Your ability to enjoy "PEAC	E AND QUIE	T ?"	0	1	2	3	4	5	6	7	8	9	10
Q	,				Did not Complete interfere interfere									-
19	. Your enjoyment of SOCIAL	ACTIVITIES	?	0	1	2	3	4	5	6	7	8	9	10
20	Your ENJOYMENT OF LIF	E?		0	1	2	3	4	5	6	7	8	9	10
21.	21. Your RELATIONSHIPS with family, friends and other people?					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	s had	difficu	ılty
Е	Over the PAST WEEK													
23	. How ANXIOUS or WORRIE	D has your tire	nnitus	made	e you	ı feel	?							
	Not at all anxious or ► 0 worried	1 2 3	4	5	6	7	8	9	10	◀	Extren or work	-	nxiou	S
24. How BOTHERED or UPSET have you been because of your tinnitus?														
	Not at all bothered or ► 0 upset	1 2 3	4	5	6	7	8	9	10	◀	Extren or ups	-	othere	∍d
25. How DEPRESSED were you because of your tinnitus?														
	Not at all depressed ▶ 0	1 2 3	4	5	6	7	8	9	10	◀.	Extrem	ely de	epress	sed