

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 1 2 3 4 5 6 7 8 9 10 | |
| | 14. Your ability to UNDERSTAND PEOPLE who are talking? | 0 1 2 3 4 5 6 7 8 9 10 | |
| | 15. Your ability to FOLLOW CONVERSATIONS 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 QUIET RESTING ACTIVITIES ? | 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 " PEACE AND QUIET "? | 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 SOCIAL ACTIVITIES ? | 0 1 2 3 4 5 6 7 8 9 10 | |
| | 20. Your ENJOYMENT OF LIFE ? | 0 1 2 3 4 5 6 7 8 9 10 | |
| | 21. Your RELATIONSHIPS 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? <i>Never had difficulty</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i> | 0 1 2 3 4 5 6 7 8 9 10 | |
| 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> | | |