

# 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, how much did your tinnitus interfere with...

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**.

| <b>A</b> | <b>Over the PAST WEEK, how much has your tinnitus interfered with...</b>  | <i>Did not interfere</i> | <i>Completely interfered</i> |
|----------|---|--------------------------|------------------------------|
|          |   | ▼                        | ▼                            |
|          | 13. Your ability to <b>HEAR CLEARLY</b> ?   | 0                        | 10                           |
|          | 14. Your ability to <b>UNDERSTAND PEOPLE</b> who are talking?   | 0                        | 10                           |
|          | 15. Your ability to <b>FOLLOW CONVERSATIONS</b> in a group or at meetings?  | 0                        | 10                           |
| <b>R</b> | <b>Over the PAST WEEK, how much has your tinnitus interfered with...</b>  | <i>Did not interfere</i> | <i>Completely interfered</i> |
|          |   | ▼                        | ▼                            |
|          | 16. Your <b>QUIET RESTING ACTIVITIES</b> ?  | 0                        | 10                           |
|          | 17. Your ability to <b>RELAX</b> ?  | 0                        | 10                           |
|          | 18. Your ability to enjoy <b>"PEACE AND QUIET"</b> ?  | 0                        | 10                           |
| <b>Q</b> | <b>Over the PAST WEEK, how much has your tinnitus interfered with...</b>  | <i>Did not interfere</i> | <i>Completely interfered</i> |
|          |   | ▼                        | ▼                            |
|          | 19. Your enjoyment of <b>SOCIAL ACTIVITIES</b> ?  | 0                        | 10                           |
|          | 20. Your <b>ENJOYMENT OF LIFE</b> ?   | 0                        | 10                           |
|          | 21. Your <b>RELATIONSHIPS</b> with family, friends and other people?  | 0                        | 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?<br><i>Never had difficulty</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i> | 0                        | 10                           |
| <b>E</b> | <b>Over the PAST WEEK...</b>  |                          |                              |
|          | 23. How <b>ANXIOUS</b> or <b>WORRIED</b> has your tinnitus made you feel?<br><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?<br><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 <b>DEPRESSED</b> were you because of your tinnitus?<br><i>Not at all depressed</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely depressed</i>  |                          |                              |