

Tinnitus and Hearing Survey

A. Tinnitus

Over the last week, tinnitus kept me from sleeping.

Over the last week, tinnitus kept me from concentrating on reading.

Over the last week, tinnitus kept me from relaxing.

Over the last week, I couldn't get my mind off of my tinnitus.

No, not a problem
Yes, a small problem
Yes, a moderate problem
Yes, a big problem
Yes, a very big problem

0 1 2 3 4

0 1 2 3 4

0 1 2 3 4

0 1 2 3 4

Total of each column

Grand Total

B. Hearing

Over the last week, I couldn't understand what others were saying in noisy or crowded places.

Over the last week, I couldn't understand what people were saying on TV or in movies.

Over the last week, I couldn't understand people with soft voices.

Over the last week, I couldn't understand what was being said in group conversations.

0 1 2 3 4

0 1 2 3 4

0 1 2 3 4

0 1 2 3 4

Total of each column

Grand Total

C. Sound Tolerance

Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me.*

0 1 2 3 4

If you responded 1, 2, 3, or 4 to the statement above:

Please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others:

*If sounds are too loud for you while wearing hearing aids, please tell your audiologist.

For office use only (II): ☐ M ☐ H ☐ N

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 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...	Did not interfere	Completely interfered
		▼	▼
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...	Did not interfere	Completely interfered
		▼	▼
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?		
	Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Always had difficulty		

E	Over the PAST WEEK...
23.	How ANXIOUS or WORRIED 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 BOTHERED or UPSET 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 DEPRESSED were you because of your tinnitus? Not at all depressed ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Extremely depressed