

# TINNITUS FUNCTIONAL INDEX

Today's Date \_\_\_\_\_  
Month / Day / Year

Your Name \_\_\_\_\_  
Please Print

**Please read each question below carefully. To answer a question, type your answer on the line next to the question**

**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, type your answer on the line next to the question

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 <b>HEAR CLEARLY</b> ? _____	0 1 2 3 4 5 6 7 8 9 10	10
	14. Your ability to <b>UNDERSTAND PEOPLE</b> who are talking? _____	0 1 2 3 4 5 6 7 8 9 10	10
	15. Your ability to <b>FOLLOW CONVERSATIONS</b> in a group or at meetings? _____	0 1 2 3 4 5 6 7 8 9 10	10
R	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	16. Your <b>QUIET RESTING ACTIVITIES</b> ? _____	0 1 2 3 4 5 6 7 8 9 10	10
	17. Your ability to <b>RELAX</b> ? _____	0 1 2 3 4 5 6 7 8 9 10	10
	18. Your ability to enjoy " <b>PEACE AND QUIET</b> "? _____	0 1 2 3 4 5 6 7 8 9 10	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 <b>SOCIAL ACTIVITIES</b> ? _____	0 1 2 3 4 5 6 7 8 9 10	10
	20. Your <b>ENJOYMENT OF LIFE</b> ? _____	0 1 2 3 4 5 6 7 8 9 10	10
	21. Your <b>RELATIONSHIPS</b> with family, friends and other people? _____	0 1 2 3 4 5 6 7 8 9 10	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? _____ <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	10
E	Over the PAST WEEK...		
	23. How <b>ANXIOUS</b> or <b>WORRIED</b> 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 <b>BOTHERED</b> or <b>UPSET</b> 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 <b>DEPRESSED</b> 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>		