



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 are 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? <i>Never aware</i> ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ <i>Always aware</i>	
2. How STRONG or LOUD was your tinnitus? <i>Not at all strong or loud</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely strong or loud</i>	
3. What percentage of your time awake were you ANNOYED by your tinnitus? <i>None of the time</i> ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ <i>All of the time</i>	
SC	Over the PAST WEEK...
4. Did you feel IN CONTROL in regard to your tinnitus? <i>Very much in control</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Never in control</i>	
5. How easy was it for you to COPE with your tinnitus? <i>Very easy to cope</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Impossible to cope</i>	
6. How easy was it for you to IGNORE your tinnitus? <i>Very easy to ignore</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Impossible to ignore</i>	
C	Over the PAST WEEK...
7. Your ability to CONCENTRATE ? <i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
8. Your ability to THINK CLEARLY ? <i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
9. Your ability to FOCUS ATTENTION on other things besides your tinnitus? <i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
SL	Over the PAST WEEK...
10. How often did your tinnitus make it difficult to FALL ASLEEP or STAY ASLEEP ? <i>Never had difficulty</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i>	
11. How often did your tinnitus cause you difficulty in getting AS MUCH SLEEP as you needed? <i>Never had difficulty</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i>	
12. How much of the time did your tinnitus keep you from SLEEPING as DEEPLY or as PEACEFULLY as you would have liked? <i>None of the time</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>All of the time</i>	

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Please read each question below carefully. To answer a question, select **ONE** of the numbers that are 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...
13. Your ability to HEAR CLEARLY ?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
14. Your ability to UNDERSTAND PEOPLE who are talking?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
15. Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
R	Over the PAST WEEK, how much has your tinnitus interfered with...
16. Your QUIET RESTING ACTIVITIES ?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
17. Your ability to RELAX ?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
18. Your ability to enjoy "PEACE AND QUIET" ?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
Q	Over the PAST WEEK, how much has your tinnitus interfered with...
19. Your enjoyment of SOCIAL ACTIVITIES ?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
20. Your ENJOYMENT OF LIFE ?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
21. Your RELATIONSHIPS with family, friends and other people?	
<i>Did not interfere</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Completely interfered</i>	
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>	
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>	