

TINNITUS FUNCTIONAL INDEX

Name																Date	
<p>Please read each question carefully. To answer a question, select one of the numbers that is listed for that question, and draw a circle around it or write your response in the box to the right of the question.</p>																	
I Over the PAST WEEK...																	
<p>1. What percentage of your time awake were you CONSCIOUSLY AWARE of your tinnitus?</p> <p><i>Never aware > 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% < Always Aware</i></p>																	
<p>2. How STRONG or LOUD was your tinnitus?</p> <p><i>Not at all Strong or Loud > 0 1 2 3 4 5 6 7 8 9 10 <Extremely Strong or Loud</i></p>																	
<p>3. What percentage of your time awake were you ANNOYED by your tinnitus?</p> <p><i>None of the Time > 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% < All of the Time</i></p>																	
SC Over the PAST WEEK...																	
<p>4. Did you feel IN CONTROL in regard to your tinnitus?</p> <p><i>Very much in control> 0 1 2 3 4 5 6 7 8 9 10 <Never in control</i></p>																	
<p>5. How easy was it to COPE with your tinnitus?</p> <p><i>Very easy to cope> 0 1 2 3 4 5 6 7 8 9 10 <Impossible to cope</i></p>																	
<p>6. How easy was it for you to IGNORE your tinnitus?</p> <p><i>Very easy to ignore> 0 1 2 3 4 5 6 7 8 9 10 < Impossible to ignore</i></p>																	
C Over the PAST WEEK...																	
<p>7. Your ability to CONCENTRATE?</p> <p><i>Did not interfere> 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered</i></p>																	
<p>8. Your ability to THINK CLEARLY?</p> <p><i>Did not interfere> 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered</i></p>																	
<p>9. Your ability to FOCUS ATTENTION on other things besides your tinnitus?</p> <p><i>Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered</i></p>																	
C Over the PAST WEEK...																	
<p>10. How often did your tinnitus make it difficult to FALL ASLEEP or STAY ASLEEP?</p> <p><i>Never had difficulty> 0 1 2 3 4 5 6 7 8 9 10 < Always had difficulty</i></p>																	
<p>1. How often did your tinnitus cause you difficulty in getting AS MUCH SLEEP as you needed?</p> <p><i>Never had difficulty> 0 1 2 3 4 5 6 7 8 9 10 < Always had difficulty</i></p>																	
<p>2. How much of the time did your tinnitus keep you from SLEEPING as DEEPLY or as PEACEFULLY Bas you would have liked?</p> <p><i>None of the Time> 0 1 2 3 4 5 6 7 8 9 10 < All of the Time</i></p>																	

Please read each question carefully. To answer a question, select one of the numbers that is listed for that question, and draw a circle around it.

A	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not Interfere</i>	<i>Completely Interfered</i>
3.	Your ability to HEAR CLEARLY ?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
4.	Your ability to UNDERSTAND PEOPLE who are talking?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
5.	Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
R	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not Interfere</i>	<i>Completely Interfered</i>
6.	Your QUIET RESTING ACTIVITIES ?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
7.	Your ability to RELAX ?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
8.	Your ability to enjoy "PEACE AND QUIET" ?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
Q	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not Interfere</i>	<i>Completely Interfered</i>
9.	Your enjoyment of SOCIAL ACTIVITIES ?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
10.	Your ENJOYMENT OF LIFE ?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
21.	Your RELATIONSHIPS with family, friends and other people?	0 1 2 3 4 5 6 7 8 9 10	<input type="text"/>
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>		<input type="text"/>
E	Over the PAST WEEK...		
1.	How ANXIOUS or WORRIED has your tinnitus made you feel?		
	<i>Not at all anxious or ></i> 0 1 2 3 4 5 6 7 8 9 10 <i>< Extremely anxious or worried</i>		<input type="text"/>
2.	How BOTHERED or UPSET have you been because of your tinnitus?		
	<i>Not at all bothered or ></i> 0 1 2 3 4 5 6 7 8 9 10 <i>< Extremely bothered or upset</i>		<input type="text"/>
3.	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>		<input type="text"/>

HABITUATION CHECKLIST

Read each statement and mark the box that best represents your experience. You are at the Stage with the most boxes checked "Yes."

			Yes	No
STAGE ONE	1	Persistent awareness of noises except during sleep and masking by louder sounds	<input type="checkbox"/>	<input type="checkbox"/>
	2	Frequent worrying and depressing thoughts about tinnitus	<input type="checkbox"/>	<input type="checkbox"/>
	3	Concentration on mental tasks difficult to sustain for more than a few minutes	<input type="checkbox"/>	<input type="checkbox"/>
	4	Moderate to Severe Insomnia (related to tinnitus)	<input type="checkbox"/>	<input type="checkbox"/>
STAGE TWO	5	There are times, a few seconds or minutes, when you don't notice tinnitus	<input type="checkbox"/>	<input type="checkbox"/>
	6	Increasing engagement in usual activities, less attention allotted to tinnitus	<input type="checkbox"/>	<input type="checkbox"/>
	7	The implications of having tinnitus no longer seem catastrophic	<input type="checkbox"/>	<input type="checkbox"/>
	8	Gradual return to normal sleep pattern	<input type="checkbox"/>	<input type="checkbox"/>
STAGE THREE	9	Awareness of tinnitus mainly limited to periods of fatigue, stress or quiet	<input type="checkbox"/>	<input type="checkbox"/>
	10	Tinnitus awareness mainly when concentrating	<input type="checkbox"/>	<input type="checkbox"/>
	11	Tinnitus is annoying rather than emotionally distressing	<input type="checkbox"/>	<input type="checkbox"/>
	12	Setbacks are less frequent and more manageable when they do occur	<input type="checkbox"/>	<input type="checkbox"/>
STAGE FOUR	13	You are rarely aware of tinnitus.	<input type="checkbox"/>	<input type="checkbox"/>
	14	Tinnitus does not intrude into your normal activities.	<input type="checkbox"/>	<input type="checkbox"/>
	15	When you do notice tinnitus, you forget about it quickly.	<input type="checkbox"/>	<input type="checkbox"/>
	16	Hearing tinnitus is emotionally neutral, neither pleasant nor unpleasant. You are no longer concerned about tinnitus.	<input type="checkbox"/>	<input type="checkbox"/>

ANXIETY SCALE (GAD-7)

Over the last 2 weeks, have you felt bothered by any of these things?		Not at all	Several Days	More than Half the days	Nearly Every Day
1.	Feeling nervous, anxious, or on edge?				
2.	Not being able to stop or control worrying?				
3.	Worrying too much about different things?				
4.	Trouble relaxing?				
5.	Being so restless that it is hard to sit still?				
6.	Becoming easily annoyed or irritable?				
7.	Feeling afraid as if something awful might happen?				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

☐

Somewhat
difficult

☐

Very
difficult

☐

Extremely
difficult

☐

DEPRESSION SCALE (CUDOS)

Please indicate how well each item describes you during the **PAST WEEK, INCLUDING TODAY**. Check the number in the columns next to the item that best describes you.

0=not at all true (0 days)
1=rarely true (1-2 days)
2=sometimes true (3-4 days)
3=often true (5-6 days)
4=almost always true (every day)

During the PAST WEEK, INCLUDING TODAY....		0	1	2	3	4
1	I felt sad or depressed					
2	I was not as interested in my usual activities					
3	My appetite was poor and I didn't feel like eating					
4	My appetite was much greater than usual					
During the PAST WEEK, INCLUDING TODAY....		0	1	2	3	4
5	I had difficulty sleeping					
6	I was sleeping too much					
7	I felt very fidgety, making it difficult to sit still					
8	I felt physically slowed down, like my body was stuck in mud					
During the PAST WEEK, INCLUDING TODAY....		0	1	2	3	4
9	My energy level was low					
10	I felt guilty					
11	I thought I was a failure					
12	I had problems concentrating					
During the PAST WEEK, INCLUDING TODAY....		0	1	2	3	4
13	I had more difficulties making decisions than usual					
14	I wished I was dead					
15	I thought about killing myself					
16	I thought that the future looked hopeless					

17. Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past week?

Not at all		A little bit		A moderate amount		Quite a bit		extremely	
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18. How would you rate your overall quality of life during the past week?

Very good, my life could hardly be better	Pretty good, most things are going well	The good and bad parts are about equal	Pretty bad, most things are going poorly	Very bad, my life could hardly be worse