

Today's Date \_\_\_\_\_

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%**.

**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 1 2 3 4 5 6 7 8 9 10 ◀ All of the time

**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

**Over the PAST WEEK:**

7. How did your tinnitus affect your ability to **CONCENTRATE**?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely interfered

8. How did your tinnitus affect your ability to **THINK CLEARLY**?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely interfered

9. How did your tinnitus affect your ability to **FOCUS ATTENTION** on other things?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely interfered

**Over the PAST WEEK:**

10. How often did your tinnitus make it difficult to **FALL ASLEEP** to **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%).

Over the PAST WEEK, how much has your tinnitus interfered with:

|  | Did not<br>interfere<br>▼ |   |   |   |   |   |   |   |   |   |    | Completely<br>interfered<br>▼ |
|--|---------------------------|---|---|---|---|---|---|---|---|---|----|-------------------------------|
| 13. Your ability to <b>HEAR CLEARLY</b> ?  | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                               |
| 14. Your ability to <b>UNDERSTAND PEOPLE</b> who are talking?  | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 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 |                               |
| 16. Your <b>QUIET RESTING CONVERSATIONS</b> in a group <b>ACTIVITIES</b> ?   | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                               |
| 17. Your ability to <b>RELAX</b> ?   | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                               |
| 18. Your ability to enjoy <b>"PEACE AND QUIET"</b> ?   | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                               |
| 19. Your enjoyment of <b>SOCIAL ACTIVITIES</b> ?   | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                               |
| 20. Your <b>ENJOYMENT OF LIFE</b> ?  | 0                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                               |
| 21. Your <b>RELATIONSHIPS</b> 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 <b>WORK OR OTHER TASKS</b> , 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       |

Over the PAST WEEK:

|   |   |   |   |   |   |   |   |   |   |   |    |  |
|---|---|---|---|---|---|---|---|---|---|---|----|--|
| 23. How <b>ANXIOUS</b> or <b>WORRIED</b> 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 <b>BOTHERED</b> or <b>UPSET</b> 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 or worried |
| 25. How <b>DEPRESSED</b> were you because of your tinnitus?                     |   |   |   |   |   |   |   |   |   |   |    |  |
| Not at all depressed ►  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | ◀ Extremely depressed                    |