

## TINNITUS FUNCTIONAL INDEX

Please read each question below carefully. To answer a question, select ONE of the numbers that is listed for that 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, how much did your tinnitus interfere with...

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% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *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.

### A Over the PAST WEEK, how much has your tinnitus interfered with...

13. Your ability to **HEAR CLEARLY**?

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

14. Your ability to **UNDERSTAND PEOPLE** who are talking?

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

15. Your ability to **FOLLOW CONVERSATIONS** in a group or at meetings?

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

### R Over the PAST WEEK, how much has your tinnitus interfered with...

16. Your **QUIET RESTING ACTIVITIES**?

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

17. Your ability to **RELAX**?

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

18. Your ability to enjoy "**PEACE AND QUIET**"?

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

### Q Over the PAST WEEK, how much has your tinnitus interfered with...

19. Your enjoyment of **SOCIAL ACTIVITIES**?

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

20. Your **ENJOYMENT OF LIFE**?

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

21. Your **RELATIONSHIPS** with family, friends and other people?

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

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*

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**OVERALL TFI SCORE (0-100): Incomplete (0 / 25)**

**SUBSCALE SCORES (0-100):**

I: INTRUSIVE (unpleasantness, intrusiveness, persistence): Incomplete (0 / 3)

SC: SENSE OF CONTROL (reduced sense of control): Incomplete (0 / 3)

C: COGNITIVE (cognitive interference): Incomplete (0 / 3)

SL: SLEEP (sleep disturbance): Incomplete (0 / 3)

A: AUDITORY (auditory difficulties attributed to tinnitus): Incomplete (0 / 3)

R: RELAXATION (interference with relaxation): Incomplete (0 / 3)

Q: QUALITY OF LIFE (QOL) (quality of life reduced): Incomplete (0 / 4)

E: EMOTIONAL (emotional distress): Incomplete (0 / 3)