

Tinnitus and Hearing Survey

A. Tinnitus

Over the last week, tinnitus kept me from sleeping.

	<i>No, not a problem</i>	<i>Yes, a small problem</i>	<i>Yes, a moderate problem</i>	<i>Yes, a big problem</i>	<i>Yes, a very big problem</i>
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	0	1	2	3	4
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Over the last week, tinnitus kept me from concentrating on reading.

	0	1	2	3	4
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Over the last week, tinnitus kept me from relaxing.

	0	1	2	3	4
--	---	---	---	---	---

Over the last week, I couldn't get my mind off of my tinnitus.

	0	1	2	3	4
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Total of each column

Grand Total

B. Hearing

Over the last week, I couldn't understand what others were saying in noisy or crowded places.

	0	1	2	3	4
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Over the last week, I couldn't understand what people were saying on TV or in movies.

	0	1	2	3	4
--	---	---	---	---	---

Over the last week, I couldn't understand people with soft voices.

	0	1	2	3	4
--	---	---	---	---	---

Over the last week, I couldn't understand what was being said in group conversations.

	0	1	2	3	4
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Total of each column

Grand Total

C. Sound Tolerance

Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me.*

	0	1	2	3	4
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If you responded 1, 2, 3, or 4 to the statement above:

Please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others:

*If sounds are too loud for you while wearing hearing aids, please tell your audiologist.

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TINNITUS FUNCTIONAL INDEX

Today's Date _____

 Month / Day / Year

Your 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).

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, select ONE of the numbers that is 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...	Did not interfere ▼											Completely interfered ▼
	13. Your ability to HEAR CLEARLY?	0	1	2	3	4	5	6	7	8	9	10	
	14. Your ability to UNDERSTAND PEOPLE who are talking?	0	1	2	3	4	5	6	7	8	9	10	
	15. Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	0	1	2	3	4	5	6	7	8	9	10	
R	Over the PAST WEEK, how much has your tinnitus interfered with...	Did not interfere ▼											Completely interfered ▼
	16. Your QUIET RESTING ACTIVITIES?	0	1	2	3	4	5	6	7	8	9	10	
	17. Your ability to RELAX?	0	1	2	3	4	5	6	7	8	9	10	
	18. Your ability to enjoy "PEACE AND QUIET"?	0	1	2	3	4	5	6	7	8	9	10	
Q	Over the PAST WEEK, how much has your tinnitus interfered with...	Did not interfere ▼											Completely interfered ▼
	19. Your enjoyment of SOCIAL ACTIVITIES?	0	1	2	3	4	5	6	7	8	9	10	
	20. Your ENJOYMENT OF LIFE?	0	1	2	3	4	5	6	7	8	9	10	
	21. Your RELATIONSHIPS 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 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												

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

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