Tinnitus primary function questionnaire


Name: ____________________________ Date: __________

Please indicate your agreement with each statement on a scale from 0 (completely disagree) to 100 (completely agree)

Question

1. I feel like my tinnitus makes it difficult for me to concentrate on some tasks.

2. I have difficulty focusing my attention on some important tasks because of tinnitus.

3. My inability to think about something undisturbed is one of the worst effects of my tinnitus.

4. My emotional peace is one of the worst effects of my tinnitus.

5. I am depressed because of my tinnitus.

6. I am anxious because of my tinnitus.

7. My tinnitus masks some speech sounds.

8. In addition to my hearing loss, my tinnitus interferes with my understanding of speech.

9. One of the worst things about my tinnitus is its effect on my speech understanding, over and above any effect of my hearing loss.

10. I am tired during the day because my tinnitus has disrupted my sleep.

11. I lie awake at night because of my tinnitus.

12. When I wake up in the night, my tinnitus makes it difficult to get back to sleep.