



Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, an "X" will be placed over your selection or else circle your answer.

I	Over the PAST WEEK...	
	1. What percentage of the time awake were you consciously AWARE OF your tinnitus? <i>Never aware ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ Always aware</i>	
	2. How STRONG or LOUD was your tinnitus? <i>Not at all strong or loud ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Extremely strong or loud</i>	
	3. What percentage of your time awake were you ANNOYED by your tinnitus? <i>None of the time ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ All of the time</i>	
SC	4. Did you feel IN CONTROL in regard to your tinnitus? <i>Very much in control ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Never in control</i>	
	5. How easy was it for you to COPE with your tinnitus? <i>Very easy to cope ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Impossible to cope</i>	
	6. How easy was it for you to IGNORE your tinnitus? <i>Very easy to ignore ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Impossible to ignore</i>	
C	7. Your ability to CONCENTRATE ? <i>Did not Interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely Interfered</i>	
	8. Your ability to THINK CLEARLY ? <i>Did not Interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely Interfered</i>	
	9. Your ability to FOCUS ATTENTION on other things besides your tinnitus? <i>Did not Interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely Interfered</i>	
SL	10. How often did your tinnitus make it difficult to FALL ASLEEP or STAY ASLEEP ? <i>Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Always had difficulty</i>	
	11. How often did your tinnitus cause you difficulty in getting AS MUCH SLEEP as you needed? <i>Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Always had difficulty</i>	
	12. How much time did your tinnitus keep you from SLEEPING as DEEPLY or as PEACEFULLY as you would have liked? <i>None of the time ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ All of the time</i>	
A	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not Interfere</i> <i>Completely Interfered</i>
		▼ ▼
	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	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	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, & 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? <i>Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Always had difficulty</i>	
E	Over the PAST WEEK...	
	23. How ANXIOUS or WORRIED has your tinnitus made you feel? <i>Not at all anxious or worried ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Extremely anxious or worried</i>	
	24. How BOTHERED or UPSET have you been because of your tinnitus? <i>Not at all bothered or upset ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Extremely bothered or upset</i>	
	25. How DEPRESSED were you because of your tinnitus? <i>Not at all depressed ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ Extremely depressed</i>	