

NAME: _____ DATE _____

The purpose of this scale is to identify difficulties that you may be experiencing because of your tinnitus may be causing you.
MARK AN "X" BY EACH QUESTION AS IT PERTAINS TO YOUR TINNITUS PROBLEM

	<u>ALWAYS</u>	<u>SOMETIMES</u>	<u>NEVER</u>
Because of your tinnitus is it difficult to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your tinnitus make you angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your tinnitus make you feel confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you complain a great deal about your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your tinnitus does you have trouble falling to sleep at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that you cannot escape your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your tinnitus interfere with your ability to enjoy social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your tinnitus, do you feel frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your tinnitus do you feel you have a terrible disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your tinnitus make it difficult for you to enjoy life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your tinnitus interfere with your job or household duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your tinnitus, is it difficult for you to enjoy life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your tinnitus, do you find that you are often irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your tinnitus, is it difficult for you to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of your problem, do you feel handicapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your tinnitus make you upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that your tinnitus problem has placed stress on your relationship with members of your family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE SECOND PAGE

ALWAYS SOMETIMES NEVER

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Do you feel that you have no control over your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus doe you often feel tired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of your tinnitus do you feel depressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you feel anxious? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that you can no longer cope with your tinnitus? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus get worse when you are under stress? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your tinnitus make you feel insecure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you find it difficult to focus your attention away from your tinnitus and on other things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



YES _____x4= _____ + SOMETIMES _____x2= _____ + NEVER _____x0= 0

TOTAL SCORE _____ (max 100 pts)