# Tinnitus primary function questionnaire


Name: _______________________________         Date: ______________

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

<table>
<thead>
<tr>
<th>Question</th>
<th>0 - 100</th>
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<tbody>
<tr>
<td>1. I feel like my tinnitus makes it difficult for me to concentrate on some tasks.</td>
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<td>2. I have difficulty focusing my attention on some important tasks because of tinnitus.</td>
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<td>3. My inability to think about something undisturbed is one of the worst effects of my tinnitus.</td>
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<td>4. My emotional peace is one of the worst effects of my tinnitus.</td>
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<td>5. I am depressed because of my tinnitus.</td>
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<td>6. I am anxious because of my tinnitus.</td>
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<td>7. My tinnitus masks some speech sounds.</td>
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<td>8. In addition to my hearing loss, my tinnitus interferes with my understanding of speech.</td>
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<td>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.</td>
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<td>10. I am tired during the day because my tinnitus has disrupted my sleep.</td>
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<td>11. I lie awake at night because of my tinnitus.</td>
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<td>12. When I wake up in the night, my tinnitus makes it difficult to get back to sleep.</td>
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