



# UW Speech and Hearing Clinic

UNIVERSITY OF WISCONSIN - MADISON  
TINNITUS AND HYPERACUSIS PROGRAM

Goodnight Hall  
1975 Willow Drive  
Madison, WI 53706  
Phone: 608-262-3951  
<https://csd.wisc.edu/tinnitus>

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question.

### (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, how much did your tinnitus interfere with...

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?

Non of the time >  0  1  2  3  4  5  6  7  8  9  10 < All of the time

**(A) Over the PAST WEEK, how much has your tinnitus interfered with...**

**13. Your ability to HEAR CLEARLY?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**14. Your ability to UNDERSTAND PEOPLE who are talking?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**15. Your ability to FOLLOW CONVERSATIONS in a group or at meetings?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**(R) Over the PAST WEEK, how much has your tinnitus interfered with...**

**16. Your QUIET RESTING ACTIVITIES?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**17. Your ability to RELAX?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**18. Your ability to enjoy "PEACE AND QUIET?"**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**(Q) Over the PAST WEEK, how much has your tinnitus interfered with...**

**19. Your enjoyment of SOCIAL ACTIVITIES?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**20. Your ENJOYMENT OF LIFE?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**21. Your RELATIONSHIPS with family, friends and other people?**

Did not interfere > 0 1 2 3 4 5 6 7 8 9 10 < Completely interfered

**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 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 bothered or upset > 0 1 2 3 4 5 6 7 8 9 10 < Extremely not bothered or upset

**23. How DEPRESSED were you because of your tinnitus?**

Not depressed > 0 1 2 3 4 5 6 7 8 9 10 < Extremely depressed

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