



Tinnitus Primary Functions Questionnaire (12-item version)

Patient name: _____

Date: _____

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

Item	Statement	Your Rating (0-100)
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.	