

IOWA TINNITUS ACTIVITIES - QUESTIONNAIRE (2)

Patient Name: _____ Date: _____

INSTRUCTIONS: This questionnaire has 20 questions. Please indicate **0** that you strongly disagree (up to) **100** that you strongly agree. Please do not skip any questions.

1. I have difficulty focusing my attention on some important tasks because of tinnitus.

2. I lie awake at night because of my tinnitus.

3. I just wish my tinnitus would go away. It is so frustrating.

4. I have difficulty getting to sleep at night because of my tinnitus.

5. When there are lots of things happening at once, my tinnitus interferes with my ability to attend to the most important thing.

6. My tinnitus masks some speech sounds.

7. My inability to think about something undisturbed is one of the worst effects of my tinnitus.

8. My tinnitus is annoying.

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. My tinnitus, not my hearing loss, interferes with my appreciation of music and songs.

11. I am tired during the day because my tinnitus has disrupted my sleep.

12. In addition to my hearing loss, my tinnitus interferes with my understanding of speech.

13. I am depressed because of my tinnitus.

14. When I wake up in the night, my tinnitus makes it difficult to get back to sleep.

15. My emotional peace is one of the worst effects of my tinnitus.

16. I have trouble concentrating while I am reading in a quiet room because of tinnitus.

17. The difficulty I have sleeping is one of the worst effect of my tinnitus.

18. I am anxious because of my tinnitus.

19. The effects of tinnitus on my hearing are worse than the effects of my hearing loss.

20. I feel like my tinnitus makes it difficult for me to concentrate on some tasks.

IOWA TINNITUS ACTIVITIES SEVERITY SCALE

SCORING	
Concentration: (add responses to 1, 5, 7, 16, and 20)	= ____ / 5 = ____ %
Emotional: (add responses to 3, 8, 13, 15, and 18)	= ____ / 5 = ____ %
Hearing: (add responses to 6, 9, 10, 12, and 19)	= ____ / 5 = ____ %
Sleep: (add responses to 2, 4, 11, 14, and 17)	= ____ / 5 = ____ %
TOTAL	[Concentration % + Emotional % + Hearing % + Sleep %] / 4 = ____ %

	RAW	%
Concentration	0	0
Emotional Well Being	0	0
Hearing	0	0
Sleep	0	0
TOTAL		0