**Tinnitus Concern Questionnaire**

Please rank the following from 1 to 10 in the order of concern regarding your tinnitus.

**1 being the Most Concerned and 10 being the Least Concerned**

* \_\_\_ I am concerned about my tinnitus because it robbed me of my quietness
* \_\_\_ I am concerned about my tinnitus because it interferes with my hearing
* \_\_\_ I am concerned about my tinnitus because I am afraid it will cause damage to my hearing
* \_\_\_ I am concerned about my tinnitus because I do not know what is causing it
* \_\_\_ I am concerned about my tinnitus because I am afraid that it will lead to other medical problems
* \_\_\_ I am concerned about my tinnitus because I have no control over its presence
* \_\_\_ I am concerned about my tinnitus because it interferes with my life
* \_\_\_ I am concerned about my tinnitus because it interferes with my sleep
* *\_\_\_* I am concerned about my tinnitus because it interferes with my concentration
* \_\_\_ I am concerned about my tinnitus because it make me tired
* I am concerned about my tinnitus for reasons other than above.... please describe: