

# iTICQ

Impact of Tinnitus in  
Children Questionnaire

Name.....

Age.....

Tinnitus is hearing sounds when there is no sound coming from outside the body. Tinnitus is sometimes called “ear noises” or “ringing” or “buzzing” in the ears.

These questions will ask you about how your tinnitus has been in the **last TWO WEEKS**.

For each row, please tick () the box that matches you. There are no right or wrong answers. Please ask for help if there is something you are not sure about.

Thinking about how your tinnitus has been in the last **TWO weeks**...

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
1	How much have you noticed your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How much have you felt annoyed by your tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How much has your tinnitus made it hard to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last **TWO weeks**...

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
4	My tinnitus makes it hard for me to get to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My tinnitus makes me wake up during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6R	Even with my tinnitus, I sleep well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel tired because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I don't like going to bed because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I worry that my tinnitus will stop me from sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last **TWO weeks**...

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
10R	Even with my tinnitus, I am able to do my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	My tinnitus makes it hard for me to focus or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	My tinnitus makes tests or exams harder to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I find school stressful because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I miss lessons because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I get into trouble at school because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last **TWO weeks**

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
16	My tinnitus makes it hard for me to hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	My tinnitus makes it hard to take part in conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I worry about not being able to hear because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about how your tinnitus has been in the last **TWO weeks...**

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
19	I worry about my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	My tinnitus makes me feel scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	My tinnitus makes me feel stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22R	Even with my tinnitus, I feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	My tinnitus makes me feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	My tinnitus makes me feel like I am not normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	My tinnitus puts me in a bad mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26R	There are things that I can do that help me cope with my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27R	Even with my tinnitus, I can do things to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last **TWO weeks...**

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
28	My tinnitus gets in the way of things I do with friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	My tinnitus gets in the way of things I do on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	My tinnitus stops me from doing the things I used to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	There are places I avoid because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	I prefer to spend time on my own because of my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last **TWO weeks...**

		None of the time	A little of the time	Some of the time	A lot of the time	All of the time
33R	Even with my tinnitus, I enjoy spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34R	Even with my tinnitus, I get on well with my family (e.g., my parents, brothers, sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35R	I feel like I get enough help for my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	I find it hard to talk to other people about my tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## iTICQ Scoring Instructions

### Items 1-3 'Scene Setting':

Items 1-3 are for information only and should not be scored.

### Items 4-36 Scoring Items:

Standard item scoring	Items that should be reversed scored: 6, 10, 22, 26, 27, 33, 34, 35
None of the time = 1 A little of the time = 2 Some of the time = 3 A lot of the time = 4 All of the time = 5	None of the time = 5 A little of the time = 4 Some of the time = 3 A lot of the time = 2 All of the time = 1

<b>iTICQ Global Index</b> <i>Sum of items 4-36</i>	<input type="text"/>
<b>iTICQ Subscale Scores</b> <i>Sum of items</i>	
<b>Sleep &amp; Feeling Tired</b> 4-9	<input type="text"/>
<b>Learning</b> 10-15	<input type="text"/>
<b>Hearing &amp; Listening</b> 16-18	<input type="text"/>
<b>Emotional Health</b> 19-27	<input type="text"/>
<b>Taking Part</b> 28-32	<input type="text"/>
<b>Relationships</b> 33-36	<input type="text"/>