

Over the last two weeks, how often would you say the following has occurred because of hearing a sound in your ears or head with no external source (e.g. buzzing, a high-pitched whistle, hissing, etc.)?

1. Lack of concentration	0–1 days	2–6 days	7–10 days	11–14 days
2. Feeling anxious	0–1 days	2–6 days	7–10 days	11–14 days
3. Sleep difficulties (delay in falling asleep and/or difficulty getting back to sleep if woken up during the night)	0–1 nights	2–6 nights	7–10 nights	11–14 nights

4. Lack of enjoyment from leisure activities	0–1 days	2–6 days	7–10 days	11–14 days
5. Inability to perform certain day-to-day activities/tasks	0–1 days	2–6 days	7–10 days	11–14 days
6. Feeling irritable	0–1 days	2–6 days	7–10 days	11–14 days
7. Low mood	0–1 days	2–6 days	7–10 days	11–14 days