

Tinnitus Severity Index Questions

Directions: For the questions below, please **CIRCLE** the number that best describes you.

	Never	Rarely	Sometimes	Usually	Always
Does your tinnitus					
1. Make you feel irritable or nervous	1	2	3	4	5
2. Make you feel tired or stressed	1	2	3	4	5
3. Make it difficult for you to relax	1	2	3	4	5
4. Make it uncomfortable to be in a quiet room	1	2	3	4	5
5. Make it difficult to concentrate	1	2	3	4	5
6. Make it harder to interact pleasantly with others	1	2	3	4	5
7. Interfere with your required activities (work, home, care, or other responsibilities)	1	2	3	4	5
8. Interfere with your social activities or other things you do in your leisure time	1	2	3	4	5
9. Interfere with your overall enjoyment of life	1	2	3	4	5
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10. How much of an effort is it for you to ignore tinnitus when it is present?					
Can easily ignore it	1				
Can ignore it with some effort	2				
It take considerable effort	3				
Can never ignore it	4				
11. How much discomfort do you usually experience when your tinnitus is present?					
No discomfort	1				
Mild discomfort	2				
Moderate discomfort	3				
A great deal of discomfort	4				
12. Does your tinnitus interfere with sleep?					
No	1				
Yes, sometimes	2				
Yes, often	3				
Yes, always	4				

On the scale below, **CIRCLE** the number that best describes the loudness of your usual tinnitus

1	2	3	4	5	6	7	8
Very Quiet			Intermediate				Very Loud