

TINNITUS SEVERITY INDEX

Name: _____ DOB: _____ Age: _____
 Referred by: _____ Date: _____

DIRECTIONS: 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 <u>required</u> activities (i.e. work, home, 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

10. Does your tinnitus interfere with sleep?

- No.....1
- Yes, sometimes.....2
- Yes, often.....3

11. 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 takes considerable effort.....3
- Can never ignore it.....4

12. 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