

E.N.T. Voice & Sinus Center of Nevada
Dr. Susan Schwartz

Appendix, Tinnitus Severity Index Questions
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Directions: For the questions below, please circle the number or response that best describes you.

Does your tinnitus...	Never	Rarely	Sometimes	Usually	Always
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 social activities (work, home, care, or other responsibilities)?	1	2	3	4	5
8. Interfere with your social 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	Yes, Sometimes	Yes, Often		
11. How much of an effort it it for you to ignore tinnitus when it is present?	Can easily ignore it.	Can ignore it with some effort	It takes considerable effort	Can never ignore it.	
12. How much discomfort do you usually experience when your tinnitus is present?	No discomfort	Mild Discomfort	Moderate Discomfort	A great deal of discomfort	

On the scale below, please circle the number that best describes the loudness of your usual tinnitus.

1 2 3 4 5 6 7 8 9 10
Very quiet Intermediate Very loud

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