

## Appendix Tinnitus Severity Index

### TINNITUS SEVERITY

Please mark your answer by placing an x in the box next to your answer, as indicated.

Has tinnitus ... (mark <u>one</u> response only)	Never	Rarely	Sometimes	Usually	Always
1. Made it uncomfortable to be in a quiet room?	<input type="checkbox"/>				
2. Made you feel irritable or nervous?	<input type="checkbox"/>				
3. Made you feel tired or stressed?	<input type="checkbox"/>				
4. Made it difficult for you to relax?	<input type="checkbox"/>				
5. Made it difficult to concentrate?	<input type="checkbox"/>				
6. Made it harder to interact pleasantly with others?	<input type="checkbox"/>				
<b>Does tinnitus ... (mark <u>one</u> response only)</b>					
7. Interfere with your social activities or other things you do in your <b>leisure time</b> ?	<input type="checkbox"/>				
8. Interfere with your <b>required</b> activities (work, home care, other types of responsibilities)?	<input type="checkbox"/>				
9. Interfere with your overall enjoyment of life?	<input type="checkbox"/>				
10. Interfere with sleep?	<input type="checkbox"/>				
11. How often do you have difficulty ignoring your tinnitus? (mark <u>one</u> response only)	<input type="checkbox"/>				
12. How often do you experience discomfort from tinnitus? (mark <u>one</u> response only)	<input type="checkbox"/>				