

# TINNITUS SEVERITY SCALE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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	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 takes considerable effort   | 3 |
| Can never ignore it            | 4 |

11. How much **distress** do you usually experience when your tinnitus is present?

- |              |   |
|--------------|---|
| None         | 1 |
| Mild         | 2 |
| Moderate     | 3 |
| A great deal | 4 |

12. Does your tinnitus **interfere** with sleep?

- |                |   |
|----------------|---|
| No             | 1 |
| Yes, sometimes | 2 |
| Yes, often     | 3 |
| Yes, always    | 4 |

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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—————                      ————— Loud—————