

# Tinnitus & Hyperacusis Severity Surveys

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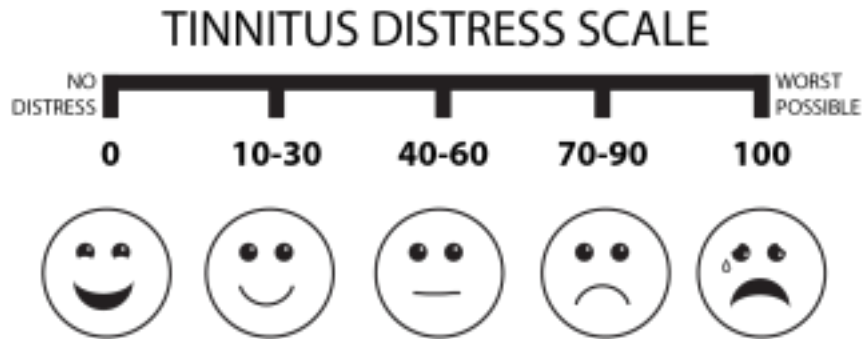
# Tinnitus & Decreased Sound Tolerance Distress Rating

**Name:**

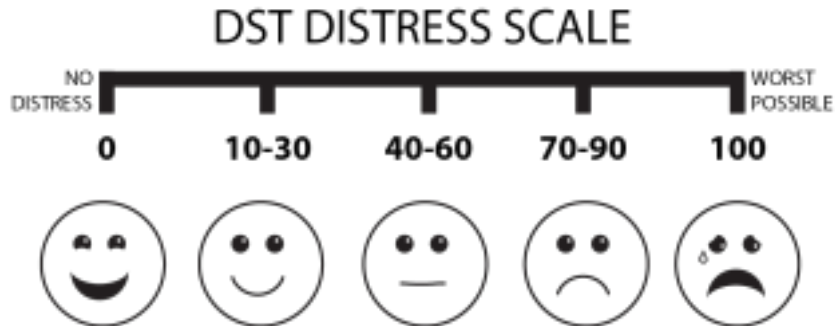
**Date:**

Do you feel any distress from having tinnitus and/or decreased sound tolerance like hyperacusis? Distress from tinnitus and/or decreased sound tolerance can include feelings like worry, anxiety, anger, sadness, fear, and/or depression.

Tinnitus or ear noise can sound like ringing, buzzing, whistling, crackling, hissing, roaring, or other types of sounds heard in one or both ears or in the head.



Decreased Sound Tolerance can happen for sounds that don't bother the average person. DST can include hyperacusis (painful sound), misophonia (disliked sound), and/or phonophobia (feared sound).



## **Tinnitus and Hearing Survey (THS)**

This survey on tinnitus, hearing, and sound tolerance (hyperacusis) was developed by the National Center for Rehabilitative Auditory Research (NCRAR). It is available free to copy and share.

Please use this link to the NCRAR pdf of the Tinnitus and Hearing Survey at  
[www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/THS:](http://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/THS)

[Tinnitus and Hearing Survey](#) pdf

## Hyperacusis Screening Test

There is currently no single screening test for people with hyperacusis. With hyperacusis, it's as if the volume of the world is stuck on loud. Scientists are working on a valid reliable 10 question screening test. In the meantime, these are some questions to consider. The more 'yes' answers, the more severe the hyper ears.

- Are you bothered by sounds others are not?
- Are you afraid of sounds others are not?
- Do sounds ever cause you worry, stress, irritation or annoyance?
- Are you emotionally drained by daily sounds?
- Do you ever not go out because you would be exposed to bothersome sound?
- Do you ever isolate yourself in quiet environments so you won't be exposed to bothersome sound?
- Do you ever use earplugs or earmuffs to reduce loudness of sound around you when other people don't use hearing protection (e.g. at mall, out in public, etc.)?

# Screening Tinnitus Handicap Inventory (THI-S)

Name:

Date:

The purpose of these questions is to identify problems your tinnitus may be causing you. To fill out the questionnaire, mark a value next to each question.

	10	0	5	Points
1. Because of your tinnitus, do you feel frustrated?	Yes	No	Sometimes	
2. Does your tinnitus make you upset?	Yes	No	Sometimes	
3. Because of your tinnitus, do you feel depressed?	Yes	No	Sometimes	
4. Does your tinnitus make you feel anxious?	Yes	No	Sometimes	
5. Because of your tinnitus, is it difficult for you to concentrate?	Yes	No	Sometimes	
6. Does your tinnitus make it difficult for you to enjoy life?	Yes	No	Sometimes	
7. Do you find it difficult to focus your attention away from your tinnitus and on other things?	Yes	No	Sometimes	
8. Because of your tinnitus, do you often feel tired?	Yes	No	Sometimes	
9. Do you feel as though you cannot escape your tinnitus?	Yes	No	Sometimes	
10. Do you feel that you can no longer cope with your tinnitus?	Yes	No	Sometimes	

**Total =**

Total points by adding numbers in the last column. Changes of 20 points or more over time are considered significant.

0 – 25 = Mild distress

26 – 50 = Moderate distress

51 – 75 = Severe distress

76 – 100 = Very severe distress

## Tinnitus Handicap Inventory (THI)

**Name:**

**Date:**

The purpose of these questions is to identify problems your tinnitus may be causing you. To fill out the questionnaire, mark a value next to each question.

	10	0	5	Points
1. Because of your tinnitus, is it difficult for you to concentrate?	Yes	No	Sometimes	
2. Does the loudness of your tinnitus make it difficult for you to hear people?	Yes	No	Sometimes	
3. Does your tinnitus make you angry?	Yes	No	Sometimes	
4. Does your tinnitus make you confused?	Yes	No	Sometimes	
5. Because of your tinnitus, are you desperate?	Yes	No	Sometimes	
6. Do you complain a great deal about your tinnitus?	Yes	No	Sometimes	
7. Because of your tinnitus, do you have trouble falling asleep at night?	Yes	No	Sometimes	
8. Do you feel as though you can't escape your tinnitus?	Yes	No	Sometimes	
9. Does your tinnitus interfere with your ability to enjoy social situations? (e.g. movie, restaurant)	Yes	No	Sometimes	
10. Because of your tinnitus, do you feel you have a terrible disease?	Yes	No	Sometimes	
11. Because of your tinnitus, do you feel frustrated?	Yes	No	Sometimes	
12. Does your tinnitus make it difficult to enjoy life?	Yes	No	Sometimes	
13. Does your tinnitus interfere with your job or household responsibilities?	Yes	No	Sometimes	

14. Because of your tinnitus, do you find that you are often irritable?	Yes	No	Sometimes	
15. Because of your tinnitus, is it difficult for you to read?	Yes	No	Sometimes	
16. Does your tinnitus make you upset?	Yes	No	Sometimes	
17. Do you feel that your tinnitus has placed stress on your relationships with family and friends?	Yes	No	Sometimes	
18. Do you find it difficult to focus your attention away from your tinnitus and on to other things?	Yes	No	Sometimes	
19. Do you feel that you have no control over your tinnitus?	Yes	No	Sometimes	
20. Because of your tinnitus do you often feel tired?	Yes	No	Sometimes	
21. Because of your tinnitus do you feel depressed?	Yes	No	Sometimes	
22. Does your tinnitus make you feel anxious?	Yes	No	Sometimes	
23. Do you feel you can no longer cope with your tinnitus?	Yes	No	Sometimes	
24. Does your tinnitus get worse when you are under stress?	Yes	No	Sometimes	
25. Does your tinnitus make you feel insecure?	Yes	No	Sometimes	

**Total =**

Total points by adding numbers in the last column. Changes of 20 points or more over time are considered significant.

0 – 25 = Mild distress

26 – 50 = Moderate distress

51 – 75 = Severe distress

76 – 100 = Very severe distress