

## Tinnitus

Shade this box if your total score on the TIQ is 0 to 4.

Tinnitus is not affecting me.

Shade this box if your total score on the TIQ is 5 or 6.

The impact of tinnitus on me is mild.

Shade this box if your total score on the TIQ is 7 or 8.

The impact of tinnitus on me is moderate.

Shade this box if your total score on the TIQ is 9 to 21.

The impact of tinnitus on me is severe.

## Sensitivity to sound

Shade this box if your total score on the SSSQ is 0 to 4.

I do not have symptoms of sound sensitivity.

Shade this box if your total score on the SSSQ is 5 to 15.

I may have sound sensitivity.

## Hyperacusis

Shade this box if your total score on the HIQ is less than 12.

Hyperacusis is not affecting me.

Shade this box if your total score on the HIQ is 12 or more.

Hyperacusis is affecting me.

## Symptoms of anxiety and depression

Shade this box if your total score on the SAD-T is less than 4.

I do not have symptoms of anxiety or depression.

Shade this box if your total score on the SAD-T is 4 or more.

I have symptoms of anxiety or depression.

## Hearing problems

Shade this box if you replied 'no' to all of the hearing questions.

I do not have hearing problems.

Shade this box if you replied 'yes' to any of the hearing questions.

I may have hearing problems.