

SOUND SENSITIVITY TEST

Patient Name _____ Date _____

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|--|-----|-----------|----|
| 1. Do you have trouble concentrating in a noisy environment? | Yes | Sometimes | No |
| 2. Do you have trouble reading in a noisy or loud environment | Yes | Sometimes | No |
| 3. Do you ever use earplugs or earmuffs to reduce your noise perception? (Do not consider the use of hearing protection during abnormally high exposure situations.) | Yes | Sometimes | No |
| 4. Do you find it harder to ignore sounds around you in everyday situations? | Yes | Sometimes | No |
| 5. Do you find it difficult to listen to speaker announcements (such as airport, airplanes, trains, etc.)? | Yes | Sometimes | No |
| 6. Are you particularly sensitive to or bothered by street noise? | Yes | Sometimes | No |
| 7. Do you automatically cover your ears in the presence of somewhat louder sounds? | Yes | Sometimes | No |
| F Subscale Total _____ | | | |
| 8. When someone suggests doing something (going out, to the cinema, to a concert, etc.) do you immediately think about the noise you are going to have to put up with? | Yes | Sometimes | No |
| 9. Do you ever turn down an invitation or not go out because of the noise you would have to face? | Yes | Sometimes | No |
| 10. Do you find the noise unpleasant in certain social situations (e.g., nightclubs, pubs or bars, concerts, firework displays, cocktail receptions)? | Yes | Sometimes | No |
| 11. Has anyone you know ever told you that you tolerate noise or certain kinds of sounds badly? | Yes | Sometimes | No |
| 12. Are you particularly bothered by sounds others are not? | Yes | Sometimes | No |
| 13. Are you afraid of sounds that others are not? | Yes | Sometimes | No |
| S Subscale Total _____ | | | |
| 14. Do noise and certain sounds cause you stress and irritation? | Yes | Sometimes | No |
| 15. Are you less able to concentrate in noise toward the end of the day? | Yes | Sometimes | No |
| 16. Do stress and tiredness reduce your ability to concentrate in noise? | Yes | Sometimes | No |
| 17. Do you find sounds annoy you and not others? | Yes | Sometimes | No |
| 18. Are you emotionally drained by having to put up with all daily sounds? | Yes | Sometimes | No |
| 19. Do you find daily sounds having an emotional impact on you? | Yes | Sometimes | No |
| 20. Are you irritated by sounds others are not? | Yes | Sometimes | No |

E Subscale Total _____

