

TINNITUS QUESTIONNAIRE

Name _____ Age _____ Sex _____ Date _____

Address _____

Phone Home () _____ Work () _____

Occupation _____ Marital Status _____

Please check the appropriate boxes:

Tinnitus Location [] right ear [] left ear [] both ears [] in the head

Tinnitus Onset [] gradual onset [] sudden onset Approx. date _____

Tinnitus Course [] has stayed about the same [] has become some what worse

[] has become much worse [] has become better

Possible tinnitus cause [] ear infection [] ear surgery [] sudden hearing loss

[] head injury [] sudden intense noise [] long term noise

[] drug or medication [] illness [] other _____

Tinnitus characteristics [] steady tone [] changing tone [] ringing [] steady noise

[] hissing [] buzzing [] hum [] pulsating

[] roar [] heart beat [] crackling [] other _____

Are you bothered by loud sounds? ____ YES ____ NO Is it mild-moderate-severe or unbearable?

Severity of tinnitus: What do you rate your tinnitus? Choose a number for each question.

0	1	2	3	4	5	6	7	8	9	10
None	Slight		Moderate			Severe		Worst		

a) The most severe level of my tinnitus is _____

b) My tinnitus level right now is _____

The amount of interference during working _____ sleeping _____ concentrating _____
relaxing _____ socializing _____ other _____

How do you rate your life? [] very unpleasant [] OK [] pleasant

[] very pleasant [] do not care

How do you rate your stress level? [] very low [] low [] average [] high [] very high

Do you consider yourself emotionally stable? _____ If not, are you under any medication?

How do you describe your tinnitus overly? Check all that applies:

[] mild [] annoying [] troublesome [] distressing [] irritating [] interfering

[] discomforting [] miserable [] intense [] dreadful [] horrible [] agonizing

[] torturing [] unbearable [] excruciating [] worst possible [] _____

Effect on tinnitus: My tinnitus is worse when [] I am tired [] tense or nervous

[] relaxed [] lying down [] in bed at night [] under stress [] _____

What does help your tinnitus? [] sound of water [] traffic sound [] listening to TV

[] changes in altitude [] drugs [] hearing aid [] other _____

What type of treatments have you used? _____

Has it helped? [] Yes [] No [] Somewhat

What are you using now? _____ For how long? _____

What concerns you most about your tinnitus? _____
