Tinnitus Questionnaire

Name: _______________________________ Date: _______________________________

Address: ____________________________________________________________________________

Phone: 1. __________________________ (H W Cell) 2. __________________________ (H W Cell)

Date of Birth: _______________ Age: ______ Sex: M  F  Email: ____________________________

1.  When did the tinnitus first begin?

2.  What do you believe originally caused your tinnitus? (circle ONE answer)

   a.  Accident (please specify)__________________________________________________________________________

   b.  Alcohol ______________________________________________________________________________________

   c.  Drugs/medicine _________________________________________________________________________________

   d.  Food (please specify)____________________________________________________________________________

   e.  Hearing loss ____________________________________________________________________________________

   f.  Illness (please specify)___________________________________________________________________________

   g.  Noise exposure __________________________________________________________________________________
3. Where is the tinnitus (circle ONE answer):
   a. Left ear
   b. Right ear
   c. Both ears, equally
   d. Both ears, but worse in the left ear
   e. Both ears, but worse in the right ear
   f. In the head, but no exact place
   g. More in the right side of the head
   h. More in the left side of the head
   i. Outside of the head
   j. Middle of the head, between the ear

4. What does the tinnitus sound like? (buzzing, ringing, hissing, roaring, humming, crickets, etc.)

5. How many sounds is the tinnitus composed of?

6. On a scale of 1 (very soft) to 10 (very loud) how would you rate the LOUDNESS of the tinnitus?
   1 2 3 4 5 6 7 8 9 10

7. Is the volume of the tinnitus stable or does it change? If it changes, is it sudden or gradual?

8. On a scale of 1 (low pitched fog horn) to 10 (high pitched whistle) how would you rate the PITCH of the tinnitus?
   1 2 3 4 5 6 7 8 9 10
9. Does the pitch of the tinnitus change? If it changes, is the change sudden or gradual?

10. Is there a specific stimulus that causes the tinnitus to change?

11. During the time that you are awake, estimate the percentage of time that the tinnitus is present. (100% would indicate it is there all the time and 50% would indicate it present half of the time.)

12. On average, how many days per month are you bothered by your tinnitus? (1-31 days)

13. On a scale of 1 (not annoying at all) to 10 (extremely annoying) how annoying is the tinnitus?

1  2  3  4  5  6  7  8  9  10

14. What activities are either affected by or prevented by the tinnitus? (concentration, sleep, work, sports, etc.)

15. On a scale of 1 (no interference at all) to 10 (completely interferes) how much does the tinnitus interfere with your ability to concentrate?

1  2  3  4  5  6  7  8  9  10

16. Please list all methods, procedures, medications, or devices you currently use or have used to help the tinnitus?
17. Have you ever seen a doctor or other specialist for the tinnitus prior to today? What did he/she say?

18. Do you have a hearing loss?

19. If so, in which ear(s)? Do you believe the hearing loss is related to the tinnitus?

20. Do you wear hearing aids?