

Tinnitus Questionnaire

1. How long have you had noises in your ear(s)? ____ days ____ weeks ____ months ____ years
2. Which ear is the noise in? (circle one) left right both
3. Which ear is worse? (circle one) left right both the same
4. Did the noises in your ear(s) come on: (circle one) slowly suddenly
5. Any idea what caused the noise in your ear(s)? _____

	Yes	No
6. Is the noise a continuous, non-pulsating sound?		
7. Does the noise pulsate?		
8. Did you ever have a lot of ear infections?		
9. Did you ever have a bad concussion, or other head injury, that caused drainage from you ear or hearing loss?		
10. Were you ever treated for malaria?		
11. Were you ever treated for tuberculosis?		
12. Have you ever been hospitalized and given an antibiotic directly into your veins?		
13. Do you take aspirin, or an aspirin containing medicine, everyday?		
14. Any relatives or family members with hearing loss?		
15. Do you have any dizziness?		
16. Do you work around loud noises?		
17. Did you ever work around loud noises?		
18. Have you ever had any ear surgery?		
19. Do you wear a hearing aid?		
20. Have you ever worn a hearing aid?		
21. Do you have any hearing loss?		
22. Do you have any neck arthritis, muscle tightness, or other neck problems?		
23. Do you grind your teeth or clench your jaw?		

Does your tinnitus...	Never	Rarely	Sometimes	Usually	Always
24. make you feel irritable or nervous?	1	2	3	4	5
25. make you feel tired or stressed?	1	2	3	4	5
26. make it difficult for you to relax?	1	2	3	4	5
27. make it uncomfortable to be in a quiet room?	1	2	3	4	5
28. make it difficult to concentrate?	1	2	3	4	5
29. make it harder to interact pleasantly with others?	1	2	3	4	5
30. interfere with your daily activities?	1	2	3	4	5
31. interfere with your social or leisure activities?	1	2	3	4	5
32. interfere with your overall enjoyment of life?	1	2	3	4	5
33. interfere with sleep?	1	2	3	4	5
34. Are you able to ignore tinnitus when it is present?	1	2	3	4	5
Totals:					

<p style="text-align: center;">How much discomfort do you experience when your tinnitus is present?</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">No Discomfort Mild Discomfort Moderate Discomfort</p>	<p style="text-align: center;">What number would you use to describe the loudness of your usual tinnitus?</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center;">Very Quiet Intermediate Very Loud</p>
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Name: _____

Date: _____