TINNITUS QUESTIONNAIRE

NAME:_______________________

Please indicate if you experience the following by putting an "X" in either the first circle for YES or the second circle for NO.

I. QUESTIONS ABOUT HEARING:

YES	NO	
⬭	⬭	1. Do you have a hearing problem?
⬭	⬭	2. How long have you had the hearing problem?
⬭	⬭	3. Do you know what caused your hearing problem?
⬭	⬭	4. Have you ever been exposed to very loud noise?
		Describe:___________________________

II. QUESTIONS ABOUT TINNITUS (hearing noises in your ears/head)

YES	NO	
⬭	⬭	1. When did you first notice your tinnitus?
		2. My tinnitus is:
		⬭ Constant ⬭ Intermittent
		3. My tinnitus is in my:
		⬭ Right Ear ⬭ Left Ear ⬭ Head
⬭	⬭	4. Does your tinnitus pulse?
⬭	⬭	If so, is it in time with your heartbeat?
		5. When did you first notice your tinnitus? ____________________
⬭	⬭	6. Did you have any illness, accident, head injury, medication changes, or another occurrence that coincided with the onset of your tinnitus?
		Describe:____
⬭	⬭	7. Do you have balance or dizziness problems?
		Describe: ____
		8. Have you discovered anything that worsens your tinnitus even temporarily? For example:

⬭ Loud noise exposure	⬭ Medication
⬭ Body/head position	⬭ Teeth grinding
⬭ Jaw clenching	⬭ Altitude Change

○ Physical exertion ○ Other:____________________________

○ ○ 9. Does your tinnitus interfere with your ability to concentrate on a task?

○ ○ 10. Does your tinnitus interfere with **getting** to sleep?

○ ○ 11. Does your tinnitus interfere with **staying** asleep?

○ ○ 12. Have you given up any activities you enjoy because of your tinnitus?

○ ○ 13. Has your tinnitus had any effect on your job, or job performance?

14. Would you describe the overall effect of your tinnitus on your lifestyle as?

○ Profound ○ Severe

○ Moderate ○ Mild

15. What things have you tried, so far, to help you cope with your tinnitus? ____

○ ○ 16. Are you willing to work hard, and commit significant time, in order to better improve your ability to cope with your tinnitus?

17. Is there any other information concerning your tinnitus and/or coping that you feel might be helpful? __________________________________

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