

# Tinnitus History Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

## Nature of the Tinnitus

How does the tinnitus sound? \_\_\_\_\_  
\_\_\_\_\_

Usual site of the tinnitus?      Left=Right      Left worse than right      Right worse than left      Central

Is the tinnitus constant or intermittent? \_\_\_\_\_

Does the tinnitus fluctuate in intensity? \_\_\_\_\_

What makes your tinnitus worse? \_\_\_\_\_

What makes your tinnitus better? \_\_\_\_\_

## Tinnitus History

When did you first become aware of your tinnitus? \_\_\_\_\_

When did your tinnitus first become disturbing? \_\_\_\_\_

Under what circumstances did the tinnitus start? \_\_\_\_\_

What do you consider to have started the tinnitus? \_\_\_\_\_

Who have you consulted about your tinnitus? \_\_\_\_\_

What have previous professionals said your tinnitus is due to? \_\_\_\_\_  
\_\_\_\_\_

What treatments have you tried for your tinnitus?

None \_\_\_\_\_      TRT \_\_\_\_\_      Hearing Aid \_\_\_\_\_      Masker \_\_\_\_\_

Counseling \_\_\_\_\_      Music Therapy \_\_\_\_\_      Other – Please comment: \_\_\_\_\_  
\_\_\_\_\_

How successful did you find these treatments? \_\_\_\_\_  
\_\_\_\_\_

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Date: \_\_\_\_\_

## Have you ever: Please circle Y/N and Explain if Yes

Been exposed to gunfire or explosion? ( Y / N ) \_\_\_\_\_

Attended loud events e.g. music concerts or clubs? ( Y / N ) \_\_\_\_\_

Had any noisy jobs? ( Y / N ) \_\_\_\_\_

Had any noisy hobbies or home activities? ( Y / N ) \_\_\_\_\_

Had any head injuries or concussion? ( Y / N ) \_\_\_\_\_

Had any operations involving your ear or head? ( Y / N ) \_\_\_\_\_

Taken any of the following medications: Quinine, Quindidine, Streptomycin, Kantamycin, Dihydrostreptomycin, Neomycin? ( Y / N ) \_\_\_\_\_

Used solvents, thinners or alcohol based cleaners? ( Y / N ) \_\_\_\_\_

Do you have loose dentures, jaw pain or grinding and clicking sensations in the jaw? ( Y / N ) \_\_\_\_\_

Regularly take aspirin or dispirin? ( Y / N ) \_\_\_\_\_

Have any feelings of ear pressure or blockage? ( Y / N ) \_\_\_\_\_

Do you find exposure to moderately loud sounds make your tinnitus worse? ( Y / N ) \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

## General hearing problems

Do you have difficulties hearing when there is background noise? ( Y / N ) \_\_\_\_\_

Do you have difficulties understanding a one on one conversation? ( Y / N ) \_\_\_\_\_

Do you have difficulties hearing the T.V.? ( Y / N ) \_\_\_\_\_

Do you have any dizziness or balance problems? ( Y / N ) \_\_\_\_\_

Do you find external sounds unpleasant or uncomfortable? ( Y / N ) \_\_\_\_\_

Do you dislike certain external sounds? ( Y / N ) \_\_\_\_\_

Do you wear ear protection / ear plugs? ( Y / N ) \_\_\_\_\_

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

Hearing Loss \_\_\_\_\_

Tinnitus \_\_\_\_\_

Sensitivity to loud sounds \_\_\_\_\_

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### Effects of the Tinnitus

Over the past week, what percentage of the time you were awake were you aware of your tinnitus (e.g. 100% aware all of the time, 25% aware ¼ of the time) \_\_\_\_\_%

What percentage of the time was it disturbing? \_\_\_\_\_%

Does your tinnitus prevent you from going to sleep at night? ( Y / N ) \_\_\_\_\_

How many times did you awake in the last week? \_\_\_\_\_

How has your tinnitus affected your work? \_\_\_\_\_

How has your tinnitus affected your home life? \_\_\_\_\_

How has your tinnitus affected your social activities? \_\_\_\_\_

### General Health

What is your general health like? \_\_\_\_\_

Are you taking any medication? (If so please specify) \_\_\_\_\_

### Compensation

Are you currently pursuing any form of compensation, disability, veterans, DVA, motor vehicle accident claim or any other legal action in relation to your tinnitus? ( Y / N )

### Medical Contact Details

Name and address of GP: \_\_\_\_\_

Name and address of ENT: \_\_\_\_\_

I give consent to release results to my

GP / ENT : \_\_\_\_\_ signed: \_\_\_\_\_ date: \_\_\_\_\_

Is there anything else you would like to add that might be relevant to understanding what caused your tinnitus? \_\_\_\_\_

\_\_\_\_\_