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Tinnitus History Questionnaire

Name _____ DOB _____

- 1) Please describe your tinnitus (ringing, rushing, hissing, buzzing, etc) _____

- 2) Site of tinnitus (circle): Right ear Left ear Both ears equally In your head
 Both ears worse right Both ears worse left
- 3) Is your tinnitus: [] constant [] intermittent [] pulsatile
- 4) Pitch of your tinnitus: [] high pitched [] low pitched [] other _____
- 5) During the past 30 days, what % of your awake time are you aware of your tinnitus? _____%
- 6) Does your tinnitus fluctuate in intensity? [] Yes [] No When or Why? _____
- 7) Describe the "average" loudness of your tinnitus: 1=faint 10=very loud _____ (1-10)
- 8) What makes your tinnitus worse? _____
- 9) What makes your tinnitus better? _____
- 10) How long have you been aware of your tinnitus? _____
- 11) When did your tinnitus first become disturbing? _____
- 12) Did your tinnitus begin: [] gradually [] suddenly
- 13) What started your tinnitus? (For example: illness, medication, surgery, head or noise trauma)

- 14) Who have you consulted about your tinnitus? _____
- 15) What has any professional said your tinnitus is due to? _____
- 16) What treatments have you tried for your tinnitus? _____
- 17) Describe relief from previous treatments? _____

Noise History

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Firearms? # of years _____ Ear protection? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Music concerts? <input type="checkbox"/> Often <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational noise? Ear protection? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Noisy hobbies? List: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does loud noise exposure make your tinnitus worse? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you uncomfortable from the noise when in restaurants or other noisy environments (sporting events, concerts, etc)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear ear protection in quiet or slightly noisy situations? |

Hearing History

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing Loss? <input type="checkbox"/> Right ear <input type="checkbox"/> Left ear <input type="checkbox"/> Both ears |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty hearing the TV? |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequently ask others to repeat? |
| <input type="checkbox"/> | <input type="checkbox"/> | People seem to mumble? |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty hearing in church or lecture halls? |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty hearing on the telephone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty in groups/meetings/restaurants? |

Please answer the following questions honestly

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you drink caffeinated products? Coffee/tea/cola # cups _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you regularly eat chocolate candy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you eat salty foods on a regular basis (pretzels, nuts, potatochips)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke cigarettes? _____ packs per day # of years _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you drink alcohol? _____ # of drinks per day # of years _____ |

Tinnitus Screening Questionnaire

(Scale: 1-2-3-4-5-6-7-8-9-10)

On a scale of 0-10 how much does your tinnitus annoy you on average? _____

(0 not at all and 10 as much as one could imagine)

On a scale of 0-10 how much does your tinnitus impact your daily activities? _____

(0 not at all and 10 as much as one could imagine)

Does your tinnitus interfere with your sleep? Always Often Sometimes Never

Does your tinnitus interfere with your ability to concentrate?

Always Often Sometimes Never

Our office would like nothing better than to rid you of your tinnitus. If that is not possible, what is the next most important issue you would like to experience an improvement with?

Is there any other medical or personal history information that you feel is relevant to your tinnitus complaint?

Tinnitus Reaction Questionnaire (TRQ)

Name: _____

Date: _____

This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that **best reflects** how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4

4/0/2 DO NOT WRITE BELOW

0 – 16 **Slight** (Only heard in quiet environments)

18 – 36 **Mild** (Easily masked by environmental sounds and easily forgotten with activities)

38 – 56 **Moderate** (Noticed in presence of background noise, although daily activities can still performed)

58 – 76 **Severe** (Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities)

78 - 100 **Catastrophic** (Always heard, disturbed sleep patterns, difficulty with any activities)