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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	
[ ]	[ ]	Firearms? # of years ______ Ear protection? ____________________
[ ]	[ ]	Music concerts? [ ] Often [ ] Occasionally [ ] Rarely
[ ]	[ ]	Occupational noise? Ear protection? ___________________________
[ ]	[ ]	Noisy hobbies? List:____
[ ]	[ ]	Does loud noise exposure make your tinnitus worse?
[ ]	[ ]	Are you uncomfortable from the noise when in restaurants or other noisy environments (sporting events, concerts, etc)?
[ ]	[ ]	Do you wear ear protection in quiet or slightly noisy situations?

Hearing History

Yes	No	
[ ]	[ ]	Hearing Loss? [ ] Right ear [ ] Left ear [ ] Both ears
[ ]	[ ]	Difficulty hearing the TV?
[ ]	[ ]	Frequently ask others to repeat?
[ ]	[ ]	People seem to mumble?
[ ]	[ ]	Difficulty hearing in church or lecture halls?
[ ]	[ ]	Difficulty hearing on the telephone?
[ ]	[ ]	Difficulty in groups/meetings/restaurants?

Please answer the following questions honestly

Yes	No	
[ ]	[ ]	Do you drink caffeinated products? Coffee/tea/cola # cups_______
[ ]	[ ]	Do you regularly eat chocolate candy?
[ ]	[ ]	Do you eat salty foods on a regular basis(pretzels, nuts, potatochips)?
[ ]	[ ]	Do you smoke cigarettes? ______ packs per day # of years _______
[ ]	[ ]	Do you drink alcohol? _____ # of drinks per day # of years _______

Tinnitus Screening Questionaire

(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 FUNCTIONAL INDEX

Today's Date ____________________ Your Name ______________________________
Month / Day / Year *Please Print*

Please read each question below carefully. To answer a question, select *ONE* of the numbers that is listed for that question, and draw a *CIRCLE* around it like this: (10%) or (1).

I	Over the PAST WEEK...

1. What percentage of your time awake were you consciously **AWARE OF** your tinnitus?

Never aware ► 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◄ *Always aware*

2. How **STRONG** or **LOUD** was your tinnitus?

Not at all strong or loud ►0 1 2 3 4 5 6 7 8 9 10 ◄ *Extremely strong or loud*

3. What percentage of your time awake were you **ANNOYED** by your tinnitus?

None of the time ► 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◄ *All of the time*

SC	Over the PAST WEEK...

4. Did you feel **IN CONTROL** in regard to your tinnitus?

Very much in control ►0 1 2 3 4 5 6 7 8 9 10 ◄ *Never in control*

5. How easy was it for you to **COPE** with your tinnitus?

Very easy to cope ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Impossible to cope*

6. How easy was it for you to **IGNORE** your tinnitus?

Very easy to ignore ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Impossible to ignore*

C	Over the PAST WEEK, how much did your tinnitus interfere with...

7. Your ability to **CONCENTRATE**?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Completely interfered*

8. Your ability to **THINK CLEARLY?**

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Completely interfered*

9. Your ability to **FOCUS ATTENTION** on other things besides your tinnitus?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Completely interfered*

SL	Over the PAST WEEK...

10. How often did your tinnitus make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?

Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Always had difficulty*

11. How often did your tinnitus cause you difficulty in getting **AS MUCH SLEEP** as you needed?

Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Always had difficulty*

12. How much of the time did your tinnitus keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?

None of the time ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *All of the time*

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Please read each question below carefully. To answer a question, select *ONE* of the numbers that is listed for that question, and draw a *CIRCLE* around it like this: (10%) or (1).

A	**Over the PAST WEEK, how much has your tinnitus interfered with...**	*Did not interfere* ▼										*Completely interfered* ▼
	13. Your ability to **HEAR CLEARLY**?	0	1	2	3	4	5	6	7	8	9	10
	14. Your ability to **UNDERSTAND PEOPLE** who are talking?	0	1	2	3	4	5	6	7	8	9	10
	15. Your ability to **FOLLOW CONVERSATIONS** in a group or at meetings?	0	1	2	3	4	5	6	7	8	9	10

R	**Over the PAST WEEK, how much has your tinnitus interfered with...**	*Did not interfere* ▼										*Completely interfered* ▼
	16. Your **QUIET RESTING ACTIVITIES**?	0	1	2	3	4	5	6	7	8	9	10
	17. Your ability to **RELAX**?	0	1	2	3	4	5	6	7	8	9	10
	18. Your ability to enjoy "**PEACE AND QUIET**"?	0	1	2	3	4	5	6	7	8	9	10

Q	**Over the PAST WEEK, how much has your tinnitus interfered with...**	*Did not interfere* ▼										*Completely interfered* ▼
	19. Your enjoyment of **SOCIAL ACTIVITIES**?	0	1	2	3	4	5	6	7	8	9	10
	20. Your **ENJOYMENT OF LIFE**?	0	1	2	3	4	5	6	7	8	9	10
	21. Your **RELATIONSHIPS** with family, friends and other people?	0	1	2	3	4	5	6	7	8	9	10

22. How often did your tinnitus cause you to have difficulty performing your **WORK OR OTHER TASKS**, such as home maintenance, school work, or caring for children or others?

Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Always had difficulty*

E	**Over the PAST WEEK...**

23. How **ANXIOUS** or **WORRIED** has your tinnitus made you feel?

Not at all anxious or worried ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Extremely anxious or worried*

24. How **BOTHERED** or **UPSET** have you been because of your tinnitus?

Not at all bothered or upset ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Extremely bothered or upset*

25. How **DEPRESSED** were you because of your tinnitus?

Not at all depressed ► 0 1 2 3 4 5 6 7 8 9 10 ◄ *Extremely depressed*

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