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## Tinnitus History Questionnaire

Name \_\_\_\_\_ DOB \_\_\_\_\_

- 1) Please describe your tinnitus (ringing, rushing, hissing, buzzing, etc) \_\_\_\_\_  
\_\_\_\_\_
- 2) Site of tinnitus     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 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?

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

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## 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My tinnitus has made me feel tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My tinnitus has made me feel irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My tinnitus has made me feel angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My tinnitus has led me to cry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My tinnitus has led me to avoid quiet situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My tinnitus has made me feel less interested in going out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My tinnitus has made me feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My tinnitus has made me feel annoyed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My tinnitus has made me feel confused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My tinnitus has "driven me crazy".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My tinnitus has interfered with my enjoyment of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My tinnitus has made it hard for me to concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My tinnitus has made it hard for me to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My tinnitus has made me feel distressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My tinnitus has made me feel helpless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My tinnitus has made me feel frustrated with things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My tinnitus has interfered with my ability to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My tinnitus has led me to despair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My tinnitus has led me to avoid noisy situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My tinnitus has led me to avoid social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My tinnitus has made me feel hopeless about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My tinnitus has interfered with my sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My tinnitus has led me to think about suicide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My tinnitus has made me feel panicky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. My tinnitus has made me feel tormented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4/0/2 DO NOT WRITE BELOW

0 – 16	<b>Slight</b> (Only heard in quiet environments)
18 – 36	<b>Mild</b> (Easily masked by environmental sounds and easily forgotten with activities)
38 – 56	<b>Moderate</b> (Noticed in presence of background noise, although daily activities can still performed)
58 – 76	<b>Severe</b> (Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities)
78 - 100	<b>Catastrophic</b> (Always heard, disturbed sleep patterns, difficulty with any activities)