



EAR INSTITUTE OF TEXAS, P.A.

Tinnitus Questionnaire

Tinnitus is the medical term for ringing, roaring, or other noises that a person hears in the ear(s). When evaluating symptoms of tinnitus, patient history and description of the symptoms is extremely important in making a correct diagnosis. Please mark all answers that apply and fill in the appropriate blanks.

YES NO

Location:

___ ___ The sound is heard in which ear?
___right ___left ___both

Quality:

Rate the severity of how the tinnitus is bothersome to your lifestyle on a scale of 1-10

Right___/10 Left___/10 **If you scored either of these as a "5" or above, please complete reverse side.**

___ ___ Does it affect your ability to sleep?
___ ___ Does it affect your ability to concentrate?

What best describes your tinnitus?

Frequency/Pitch

___ Ringing ___ High frequency
___ Rushing, roaring, or seashell noise ___ Mid frequency
___ Buzzing ___ Low frequency
___ Whistling
___ Pulsatile: ___regular with heartbeat ___erratic rhythm
___ Popping
___ Other (please describe)_____

Duration, timing, and context:

How long ago did you first begin experiencing tinnitus? _____

___ ___ Is the tinnitus constant?
___ ___ Is the tinnitus recurrent?

If recurrent, how long do episodes last? (provide range): _____ (circle one) seconds/minutes/days
How often do the episodes occur? (provide range) _____ per day/week/month

Modifying factors:

___ ___ Is the tinnitus triggered or made worse by:
___ stress/anxiety ___loud noise ___dietary factors (i.e. caffeine or salt) ___positions
Other (please explain)_____?

___ ___ Is it more prominent in a quiet environment?
What makes the tinnitus less noticeable_____?

___ ___ Have you been exposed to loud noise? If so what: _____?

___ ___ Have you started new medications when the tinnitus began (especially intravenous antibiotics or chemotherapy)? If so what medication_____?

Associated signs and symptoms (check where appropriate):

___ Headache ___ Ear pain ___ Dizziness ___ Allergies ___ Ear infections
___ Visual changes ___ Hearing loss ___ Feeling of pressure in the ears
Other (please explain)_____

Previous evaluation and treatment:

___ ___ Have you seen a physician for the tinnitus? If so, name _____
What prior tests have you had: ___Hearing Test ___ABR ___MRI?
What prior treatments have you tried_____?

Patient Name _____ **Patient Signature** _____

The Ear Institute of Texas, P.A.

Tinnitus Reaction Questionnaire

Name: _____

Date Completed: _____

This questionnaire is designed to determine the effects that tinnitus has on your lifestyle and general well-being. Please answer **ALL** questions by circling the answer (number) that **best reflects** how your tinnitus has affected you over the **past seven (7) days**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
My tinnitus makes me unhappy.	0	1	2	3	4
My tinnitus makes me feel tense.	0	1	2	3	4
My tinnitus makes me feel irritable.	0	1	2	3	4
My tinnitus makes me feel angry.	0	1	2	3	4
My tinnitus makes me cry.	0	1	2	3	4
My tinnitus leads me to avoid quiet situations.	0	1	2	3	4
My tinnitus makes me feel less interested in going out.	0	1	2	3	4
My tinnitus makes me feel depressed.	0	1	2	3	4
My tinnitus makes me feel annoyed.	0	1	2	3	4
My tinnitus makes me feel confused.	0	1	2	3	4
My tinnitus has "driven me crazy".	0	1	2	3	4
My tinnitus interferes with my enjoyment of life.	0	1	2	3	4
My tinnitus makes it difficult for me to concentrate.	0	1	2	3	4
My tinnitus makes it difficult for me to relax.	0	1	2	3	4
My tinnitus makes me feel distressed.	0	1	2	3	4
My tinnitus makes me feel helpless.	0	1	2	3	4
My tinnitus makes me frustrated.	0	1	2	3	4
My tinnitus interferes with my ability to work.	0	1	2	3	4
My tinnitus has led me to despair.	0	1	2	3	4
My tinnitus leads me to avoid noisy situations.	0	1	2	3	4
My tinnitus leads me to avoid social situations.	0	1	2	3	4
My tinnitus makes me feel hopeless about the future.	0	1	2	3	4
My tinnitus interferes with my sleep.	0	1	2	3	4
My tinnitus has led me to consider suicide.	0	1	2	3	4
My tinnitus makes me feel panicky.	0	1	2	3	4
My tinnitus makes me feel tormented.	0	1	2	3	4
TOTAL					