



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 Handicap Inventory

Name (print): _____ Date Completed: _____ Date of Birth: _____

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**.

	Yes (4)	Sometimes (2)	No (0)
Because of your tinnitus, it is difficult to concentrate?	4	2	0
Does the loudness of your tinnitus make it difficult to hear people when they speak?	4	2	0
Does your tinnitus make you feel angry?	4	2	0
Does your tinnitus make you feel confused?	4	2	0
Because of your tinnitus, do you feel desperate?	4	2	0
Do you complain a great deal about your tinnitus?	4	2	0
Because of your tinnitus, do you have trouble falling asleep at night?	4	2	0
Do you feel as though you cannot escape your tinnitus?	4	2	0
Does your tinnitus interfere with your ability to enjoy social events?	4	2	0
Does your tinnitus make you feel frustrated?	4	2	0
Because of your tinnitus, do you feel like you have a terrible disease?	4	2	0
Does your tinnitus make it difficult for you to enjoy life?	4	2	0
Does your tinnitus interfere with your job or home responsibilities?	4	2	0
Because of your tinnitus, do you find that you are often irritable?	4	2	0
Because of your tinnitus, is it difficult for you to read?	4	2	0
Does your tinnitus make you upset?	4	2	0
Has your tinnitus placed strain on your close relationships?	4	2	0
Does your tinnitus distract you from doing other things?	4	2	0
Do you feel that you have no control over your tinnitus?	4	2	0
Because of your tinnitus, do you often feel tired?	4	2	0
Because of your tinnitus, do you feel depressed?	4	2	0
Does your tinnitus make you feel anxious?	4	2	0
Do you feel that you can no longer cope with your tinnitus?	4	2	0
Does your tinnitus get worse when you are under stress?	4	2	0
Does your tinnitus make you feel insecure?	4	2	0
TOTAL			

- 0-16: Grade 1 (Slight or no handicap)
- 17-36: Grade 2 (Mild handicap)
- 37-56: Grade 3 (Moderate handicap)
- 57-76: Grade 4 (Severe handicap)
- 78-100: Grade 5 (Catastrophic handicap)