

Patient Name: _____ DOB: _____ Date: _____

TINNITUS QUESTIONNAIRE
****PLEASE USE BLUE OR BLACK INK ONLY****

Tinnitus is best described as “Head Noises”. There are many forms of Tinnitus and your answers to the following questions will help us to understand your individual problem.

1. Do you have any of the following?

- High blood pressure
- Diabetes
- Allergies
- Other significant medical problems

2. Are you taking any medication at this time? _____ YES _____ NO

If yes, what medications?

3. Do you smoke tobacco? _____ YES _____ NO

If yes, how long have you been a smoker? _____ years

If yes, how many (cigarettes, cigars, pipes) do you smoke per day?

4. Do you drink:

	Yes	No	Cups per day		
Coffee					
Tea					
	Yes	No	Heavy	Moderate	Very little
Cola					
Alcohol					

5. Do you take aspirin regularly? _____ YES _____ NO

Do you take any other pain relievers regularly? _____ YES _____ NO

What kind?

6. Have you ever sustained a head injury? _____ YES _____ NO

Were you unconscious? _____ YES _____ NO

What was your age at the time of the accident? _____ years

Did any significant problems result, such as headaches, eye or ear problems, etc.?

Please explain:

7. Have you been exposed to unusually loud sounds? _____ YES _____ NO

Please explain briefly:

8. Are you presently working in, or exposed to loud sounds? _____ YES _____ NO

Please explain briefly:

9. Do you wear ear protection in the presence of loud sounds? _____ YES _____ NO

If yes, what type?

10. Do you have a history of ear disease? _____YES _____NO

If yes, please explain briefly:

11. I have had tinnitus in its present form for:

_____less than a year

_____one to two years

_____since _____

12. My tinnitus seems to be primarily located in:

_____the right ear

_____the left ear

_____both ears

_____within my head, but at no specific location

13. The loudness of my tinnitus is:

_____usually the same

_____fluctuates—being very loud on some days and very mild on others

_____usually constant, but on rare occasions will decrease markedly

14. The loudness of my tinnitus is best compared to:

_____the loudness of a jet aircraft taking off

_____the loudness of a diesel truck motor

_____the loudness of an electric fan

_____other: describe briefly

15. Check any items below which describe how your tinnitus sounds:

_____hissing

_____steam whistle

_____cricket-like chirping

_____bells

_____pounding

_____clanging

_____pulsating

_____ocean roaring

_____whistle

_____ringing telephone

_____radio static

_____tone

_____ringing

_____other

16. Check any of the following items which give you some relief from your tinnitus:

_____listening to the radio/television

_____sounds of running water (e.g. shower, water in sink)

_____changes in altitude

_____traffic sounds

_____medication (type)

17. My tinnitus is better:

_____when I am tired

_____when I am tense and nervous

_____when I am relaxed

_____after alcohol use

_____when I am in a noisy background