

**TINNITUS QUESTIONNAIRE**

Mark as many answers as may apply. Use the spaces at the end of the questions for comments.

1. Which ear is affected by the tinnitus?  right ear  left ear  both  
Does it alternate between ears?  Yes  No
2. How long have you had the tinnitus? \_\_\_\_\_Years \_\_\_\_\_Months \_\_\_\_\_Weeks \_\_\_\_\_Days
3. Was the onset sudden or gradual? \_\_\_\_\_
4. Has it stayed the same or become worse? \_\_\_\_\_
5. Is there anything that you know of that may have caused the tinnitus?  
 Ear Infection  Head Injury  Drugs/Medication  
 Ear Surgery  Long-term Noise Exposure  Brief Exposure to Intense Noise  
 Whiplash  Illness  Other \_\_\_\_\_
6. How would you best describe the sound of the tinnitus?  
 ringing  motor  clicking  
 buzzing  music  scratching  
 humming  voices  breath sounds  
 hissing  crickets  other \_\_\_\_\_  
 seashell  swishing  
Are any of the sounds synchronous with your pulses?  Yes  No
7. Does the sound quality, loudness, or both change  Yes  No
8. Is the tinnitus  
➤ Loud enough to keep you awake at night  Yes  No  
➤ Loud enough for you to be aware of it  all day  most of the day  part of the day
9. Would you best describe the tinnitus as  mild  moderate  severe
10. Do you feel irritable because of the tinnitus?  never  sometimes  often  always
11. My tinnitus is worse  
 when tired  when nervous or stressed  when relaxed  
 when lying down  when smoking  when drinking alcohol  
 other \_\_\_\_\_
12. My tinnitus is relived by  
 listening to t.v. or radio  the sound of running water  sounds of traffic  
 drugs or medication  hearing aids  changes in altitude  
 other \_\_\_\_\_
13. Do you have dizzy spells?  Yes  No
14. Does the tinnitus change in any way when you do?  Yes  No