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## TINNITUS QUESTIONNAIRE

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

1. I have had tinnitus in its present form for: (circle one)
- a. Less than a year
  - b. One to two years
  - c. Two to three years
  - d. Three to five years
  - e. Longer than five years
2. Prior to my present form of tinnitus, I had a mild tinnitus for \_\_\_\_\_ years. (Number)
3. My tinnitus seems to be primarily located in: (circle one)
- a. The left ear
  - b. The right ear
  - c. Both ears equally
  - d. Both ears but unequally
  - e. My head
4. The severity of my tinnitus in its worse form, according to the scale below is represented by the number:
- |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
- \_\_\_\_\_
- |                  |                      |                     |
|------------------|----------------------|---------------------|
| mild<br>tinnitus | moderate<br>severity | extremely<br>severe |
|------------------|----------------------|---------------------|
5. The loudness of my tinnitus is: (circle one)
- a. Fairly constant from day to day.
  - b. Fluctuates wildly, being very loud on some days and very mild on other days.
  - c. Usually constant but on rare occasions will decrease markedly.
  - d. Usually constant but will increase markedly.

6. If my tinnitus changes from time to time, these changes are caused by

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7. On the scale below indicate the pitch of your tinnitus. It might help to imagine the scale as if it were a piano keyboard.

1      2      3      4      5      6      7      8      9      10

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Low  
pitch

Middle  
pitch

high  
pitch

8. Circle any items below that describe how your tinnitus sounds: (Circle all appropriate)

- |                 |                  |
|-----------------|------------------|
| a. Hissing      | f. Ringing       |
| b. Cricket-Like | g. Steam whistle |
| c. Pounding     | h. Bells         |
| d. Pulsating    | i. Clanging      |
| e. Whistle      | j. Ocean roaring |

9. My tinnitus appears worse: (Circle appropriate letters)

- |                                |                         |
|--------------------------------|-------------------------|
| a. When I am tired             | c. When I am relaxed    |
| b. When I am tense and nervous | d. After use of alcohol |

10. Do you smoke?      Yes      No

If so, for how long have you been a smoker? \_\_\_\_\_ years  
If so, how many cigarettes per day? \_\_\_\_\_

11. Do you drink coffee?      Yes      No  
If so, how many cups per day? \_\_\_\_\_

12. Circle any of the following items that give you any relief from your tinnitus.

- |   |                        |
|---|------------------------|
| a. Listening to radio or TV               | d. Medication (_____)  |
| b. Traffic Sounds                         | e. Changes in altitude |
| c. Sounds of running water (e.g., shower) | f. Other               |

13. Have you ever received a head injury?      Yes      No

If so, were you knocked unconscious      Yes      No

How long ago was the accident? \_\_\_\_\_ years

14. Have you been exposed to loud sounds? Yes No

Explain

Briefly \_\_\_\_\_

15. Do you wear protection in the presence of loud sounds? Yes No

16. Have you ever worn a hearing aid? Yes No

17. Do you have any of the following? (Circle the appropriate letters)

a. High Blood Pressure

c. Allergies

b. Diabetes

d. Other \_\_\_\_\_

18. Does tinnitus cause you problems getting to sleep? Yes No

19. If you are a hearing aid user, how does the aid effect your tinnitus?

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20. Are you taking any medications? Yes No

21. What medications

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22. Have you had any history of ear disease? Yes No

Explain: \_\_\_\_\_

23. Have you had a hearing loss? Yes No

Right ear

Left ear

ADDITIONAL COMMENTS: