

Tinnitus Questionnaire

Name: _____ Date: _____

Nature of the Tinnitus

What does the tinnitus sound like _____

Which ear is it in Left Right Both

If both, which ear is louder Left Right

Is the tinnitus constant or intermittent/pulsing _____

Does the tinnitus fluctuate in intensity Yes No

What makes it worse _____

What makes it better _____

Tinnitus History

When did the tinnitus first start _____

Under what circumstances did the tinnitus start _____

When did it first become disturbing _____

What do you think is the reason you have it _____

Do you have any of the following symptoms;

Hearing Loss Yes No

Which ear(s) Left Right Both

Does it only occur with your tinnitus Yes No

Dizziness Yes No

Does it only occur with your tinnitus Yes No

Ear pressure fullness Yes No

Does it only occur with your tinnitus Yes No

Hypersensitivity to sound Yes No

List any other symptoms you have with your tinnitus _____

Impact

Does your tinnitus effect your; Sleep Work Lifestyle

How loud is your tinnitus on a scale of 1-10 _____

Tinnitus Treatments

Have you tried any of the following treatments Hearing Aid Masking Device Tinnitus Retraining Therapy
 Counselling Medication Music Other

List any you found successful and describe _____

Other

Are you currently pursuing any form of compensation, sickness benefit, motor vehicle accident claim or any other legal action in relation to your tinnitus Yes No