



TINNITUS HISTORY QUESTIONNAIRE

NAME: _____ AGE: _____ M / F _____ DATE: _____

INITIAL ONSET: When did you *first* notice your tinnitus? **TINNITUS is any noise heard in the ears or head that may sound like a ringing, buzzing, crickets, roaring, rushing, etc.**

How did you perceive the onset: Gradual Abrupt

When did your tinnitus first become *disturbing* ?

Was the INITIAL onset of your tinnitus related to:

- | | | |
|--|--|---|
| <input type="checkbox"/> loud blast of sound | <input type="checkbox"/> whiplash | <input type="checkbox"/> accident _____ |
| <input type="checkbox"/> head trauma | <input type="checkbox"/> change in hearing | <input type="checkbox"/> illness _____ |
| <input type="checkbox"/> ear infection | <input type="checkbox"/> stress | <input type="checkbox"/> other _____ |

Where do you perceive your tinnitus:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> right ear | <input type="checkbox"/> left ear | <input type="checkbox"/> both ears, worse in left |
| <input type="checkbox"/> both ears, equally | <input type="checkbox"/> inside head | <input type="checkbox"/> both ears, worse in right |

How does your tinnitus manifest itself over time? intermittent constant

Does the LOUDNESS of your tinnitus vary from day to day? YES NO

Describe the LOUDNESS of your tinnitus using a scale from 1-100 (1=VERY FAINT; 100- VERY LOUD)

_____ (1 - 100)

Does your tinnitus seem to PULSATE: YES with heart beat NO
 YES different from heart beat

Does your tinnitus sound like any of the following:

- | | | | |
|--|--|------------------------------------|--|
| <input type="checkbox"/> high pitched tone | <input type="checkbox"/> running water | <input type="checkbox"/> humming | <input type="checkbox"/> air rushing |
| <input type="checkbox"/> low pitched tone | <input type="checkbox"/> ringing | <input type="checkbox"/> roaring | <input type="checkbox"/> freight train |
| <input type="checkbox"/> medium pitched tone | <input type="checkbox"/> popping | <input type="checkbox"/> whistling | <input type="checkbox"/> buzzing |
| <input type="checkbox"/> crickets / locusts | <input type="checkbox"/> crackling | <input type="checkbox"/> whooshing | <input type="checkbox"/> typewriter |
| <input type="checkbox"/> rushing noise | <input type="checkbox"/> pulsing | <input type="checkbox"/> hissing | <input type="checkbox"/> clicking |

What makes your tinnitus *worse*?

What makes your tinnitus *better*?

Do any of the following change your tinnitus?

- | | | | |
|--|----------|--------------------------------|---------------------------------|
| <input type="checkbox"/> stress | makes it | <input type="checkbox"/> worse | <input type="checkbox"/> better |
| <input type="checkbox"/> sleep | makes it | <input type="checkbox"/> worse | <input type="checkbox"/> better |
| <input type="checkbox"/> loud noise | makes it | <input type="checkbox"/> worse | <input type="checkbox"/> better |
| <input type="checkbox"/> music | makes it | <input type="checkbox"/> worse | <input type="checkbox"/> better |
| <input type="checkbox"/> sounds around you make it | | <input type="checkbox"/> worse | <input type="checkbox"/> better |
| <input type="checkbox"/> turning your head/neck makes it | | <input type="checkbox"/> worse | <input type="checkbox"/> better |

Have you ever been exposed to the following loud situations:

- | | | | |
|---------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> gunfire | <input type="checkbox"/> farm equipment | <input type="checkbox"/> vacuums | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> explosion | <input type="checkbox"/> concerts | <input type="checkbox"/> car races | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> construction | <input type="checkbox"/> musical instruments | <input type="checkbox"/> machinery | <input type="checkbox"/> other _____ |

What professionals have you seen for your tinnitus prior to today?

What have professionals said have caused your tinnitus?

What treatments have you tried for your tinnitus:

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Hearing aid(s) | <input type="checkbox"/> Masker |
| <input type="checkbox"/> Tinnitus Retraining Therapy | <input type="checkbox"/> Counseling | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Other _____ | | |

How successful did you find these treatments?

- | | |
|--|--|
| <input type="checkbox"/> Very successful | <input type="checkbox"/> Somewhat successful |
| <input type="checkbox"/> No benefit | <input type="checkbox"/> Made tinnitus worse |

Have you taken any of the following medications:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Quinine | <input type="checkbox"/> Asprin | <input type="checkbox"/> Recreational drugs |
| <input type="checkbox"/> Medication ending in "-mycin" | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Intravenous Antibiotics |

Have you used solvents, thinners or alcohol based cleaners? YES NO

Do any of the following apply to you:

- | | | | |
|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> have loose dentures | <input type="checkbox"/> jaw grinding | <input type="checkbox"/> chew gum | <input type="checkbox"/> headaches |
| <input type="checkbox"/> ear pain <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> jaw clenching | <input type="checkbox"/> chew ice | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> ear fullness <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> neck pain | <input type="checkbox"/> dizziness | <input type="checkbox"/> jaw pain |

Do you have any of the following in your diet?

- | | | |
|---|---|--|
| <input type="checkbox"/> caffeine | How much? _____ | Per <input type="checkbox"/> day <input type="checkbox"/> week |
| <input type="checkbox"/> alcohol | Type? <input type="checkbox"/> liquor <input type="checkbox"/> wine | <input type="checkbox"/> beer |
| | How much? _____ | Per <input type="checkbox"/> day <input type="checkbox"/> week |
| <input type="checkbox"/> salt / sodium | | |
| <input type="checkbox"/> artificial sweeteners (i.e. Sweet-N-Low, Nutrasweet, Splenda, Equal) | | |

Do you use *tobacco* products? YES NO
 What type? snuff cigars cigarettes chewing tobacco

Do you have *high blood pressure* ? YES NO
 Are you receiving Monitoring by physician Medicinal treatment

Are you currently under treatment for psychiatric problems? YES NO

<input type="checkbox"/> Depression	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Anxiety / Paranoia	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Obsessive-Compulsive Disorder	<input type="checkbox"/> Attention Deficit Disorder
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Anorexia / Bulimia
<input type="checkbox"/> Addiction (i.e. gambling, shopping, etc)	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Dissociative Identity/Multiple Personality Disorder	

Do you have a *hearing problem* ? YES NO

<input type="checkbox"/> right ear	
<input type="checkbox"/> left ear	<input type="checkbox"/> both ears, worse in left
<input type="checkbox"/> both ears, equally	<input type="checkbox"/> both ears, worse in right

Have you worn *hearing aids* in the PAST? YES NO
 right left

Do you CURRENTLY wear *hearing aids* ? YES NO
 right ear left ear

Do your hearing aids change your tinnitus? YES NO
 makes tinnitus louder makes tinnitus quieter

What is your OCCUPATION?

Are you exposed to NOISE at your *job* ? YES NO

Are you exposed to NOISE during your *recreational / leisure* activities? YES NO

Please explain:

How has your tinnitus affected your WORK life?

How has your tinnitus affected your HOME life?

How has your tinnitus affected your SOCIAL activities?

Are you currently pursuing any form of compensation, sickness benefit, DVA, motor vehicle accident claim or any other LEGAL action in relation to your TINNITUS?
 YES NO

Please Explain: