

Name _____

Date _____

1. How long have you been aware of your tinnitus?
 ≤1 year 1–3 years 4–10 years ≥10 years
2. How did the tinnitus initially appear?
 Suddenly More gradually Unsure
3. Was any illness, accident, or other special circumstance associated with the onset of your tinnitus?
 No If yes, explain: _____
4. Which best describes how long you are aware of your tinnitus?
 Minutes Hours Days Constant
5. How much of a problem is your tinnitus?
 Not a problem Mild problem Moderate problem Severe problem
6. Where does your tinnitus seem to be located?
 Both ears Left ear Right ear In my head
7. Is your tinnitus worse in a certain location?
 No, both ears equal Yes, left ear Yes, right ear Other
8. Please mark the sound and/or sounds that most closely describe your tinnitus.
 Buzzing Hissing Pounding Sizzling
 Clear tone Humming Pulsating Static
 Clicking Music Ringing Whistling
 Crickets Multiple tones Roaring
 Other: _____
9. Please circle the number that best describes the loudness of your usual tinnitus:

Very quiet				Intermediate					Very loud
1	2	3	4	5	6	7	8	9	10
10. Has the loudness of your tinnitus fluctuated?
 Never/rarely Occasionally/monthly Frequently/weekly Always/daily
11. Has anything else caused changes in your tinnitus (noise exposure, stress/fatigue, alcohol, tobacco, medication, etc.)?
 If yes, explain: _____

Please circle your responses.

A. Tinnitus

	NO: not a Problem	YES: small Problem	YES: moderate Problem	YES: big Problem	YES: very big Problem	
Over the last week, tinnitus kept me from sleeping.	0	1	2	3	4	
Over the last week, tinnitus kept me from concentrating on reading.	0	1	2	3	4	
Over the last week, tinnitus kept me from relaxing.	0	1	2	3	4	
Over the last week, I couldn't get my mind off of my tinnitus.	0	1	2	3	4	
Subtotals						<input type="text"/>

B. Hearing

Over the last week, I couldn't understand what others were saying in noisy or crowded places.	0	1	2	3	4	
Over the last week, I couldn't understand what people were saying on TV or in movies.	0	1	2	3	4	
Over the last week, I couldn't understand people with soft voices.	0	1	2	3	4	
Over the last week, I couldn't understand what was being said in group conversations.	0	1	2	3	4	
Subtotals						<input type="text"/>

C. Sound Tolerance

Over the last week, everyday sounds were too loud for me.*	0	1	2	3	4
If you responded 1, 2, 3, or 4 to the statement above: Being in a meeting with 5 to 10 people would be too loud for me.	0	1	2	3	4

*If sounds are too loud for you when wearing hearing aids, please tell your audiologist.

Tinnitus & Hearing Survey

The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question.

	NO	SOMETIMES	YES
1. Because of your tinnitus, is it difficult for you to concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your tinnitus make you angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your tinnitus make you confused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Because of your tinnitus, are you desperate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you complain a great deal about your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Because of your tinnitus, do you have trouble falling asleep at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you feel as though you cannot escape from your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or to the theater)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Because of your tinnitus, do you feel frustrated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Because of your tinnitus, do you feel that you have a terrible disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Does your tinnitus make it difficult for you to enjoy life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Does your tinnitus interfere with your job or household responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Because of your tinnitus, do you find that you are often irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Because of your tinnitus, is it difficult for you to read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Does your tinnitus make you upset?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do you feel that your tinnitus has placed stress on your relationships with family members and/or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do you find it difficult to focus your attention away from your tinnitus and on to other things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do you feel that you have no control over your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Because of your tinnitus, do you often feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Because of your tinnitus, do you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Does your tinnitus make you feel anxious?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Do you feel you can no longer cope with your tinnitus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Does your tinnitus get worse when you are under stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Does your tinnitus make you feel insecure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Individual totals

x0 x2 x4

Subtotals

Grand Total

Emotional Health Survey

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your responses.

	NO: never	YES: several days	YES: more than half the days	YES: nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, or that you are a failure, or you have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading a newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around more than usual	0	1	2	3
9. Thoughts that you'd be better off dead, or hurting yourself in some way	0	1	2	3
Subtotals	_____	_____	_____	_____

(Healthcare Professional: For interpretation of TOTAL, please refer to accompanying score card).

Grand Total

10. If you selected any problems above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult