

Tinnitus History Questionnaire

Name

DOB

Date Completed

Have you ever?

Been exposed to gunfire or explosion

Attended loud events e.g. music concerts or clubs

Had any noisy jobs

Had any noisy hobbies or home activities

Had any head injuries or concussion

Had any operations involving your ear or head

Taken any of the following medications:

Quinine, Quindidine, Streptomycin, Kantamycin, Dihydrostreptomycin, Neomycin

Used solvents, thinners or alcohol based cleaners?

Do you?

Have loose dentures, jaw pain or grinding and clicking sensations in the jaw

Regularly take aspirin or dispirin

Have any feelings of ear pressure or blockage

Do you find exposure to moderately loud sounds make your tinnitus worse?

What is your current occupation?

Y/N Details/Comments

General Hearing Problems

Do you have any difficulties hearing when there is background noise?

Do you have difficulties understanding in one-to-one conversations?

Do you have difficulties hearing the TV?

Do you have difficulties hearing on the telephone?

Do you have any dizziness or balance problems?

Do you find external sounds unpleasant or uncomfortable?

Do you dislike certain external sounds?

Do you wear ear protection/ ear plugs?

Y/N Details/Comments

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

	Hearing Loss
	Tinnitus
	Sensitivity to Loud Sounds