

# Tinnitus History Questionnaire

Name:  
DOB:

Date Completed:

## Nature of the Tinnitus

How does the tinnitus sound? \_\_\_\_\_  
\_\_\_\_\_

Usual site of the tinnitus?  
(Please circle the correct site)

Left =Right

Left worse  
than Right

Right worse  
than Left

Central

Is the tinnitus constant or  
intermittent? \_\_\_\_\_

Does the tinnitus fluctuate in  
intensity? \_\_\_\_\_

What makes your tinnitus  
worse? \_\_\_\_\_  
\_\_\_\_\_

What makes your tinnitus  
better? \_\_\_\_\_  
\_\_\_\_\_

## Tinnitus History

When did you first become  
aware of your tinnitus? \_\_\_\_\_  
\_\_\_\_\_

When did your tinnitus first  
become disturbing? \_\_\_\_\_  
\_\_\_\_\_

Under what circumstances did  
the tinnitus start? \_\_\_\_\_  
\_\_\_\_\_

What do you consider to have  
started the tinnitus? \_\_\_\_\_  
\_\_\_\_\_

Who have you consulted  
about your tinnitus? \_\_\_\_\_  
\_\_\_\_\_

What have previous  
professionals said your tinnitus  
is due to? \_\_\_\_\_  
\_\_\_\_\_

What treatments have you tried for your tinnitus?

None

TRT

Other - please comment

Hearing Aid

Counselling

Masker

Music Therapy

How successful did you find  
these treatments? \_\_\_\_\_  
\_\_\_\_\_