

Tinnitus History Questionnaire

Name

DOB

Date Completed

Effect of the Tinnitus

- Over the past week, what percentage of the time you were awake were you aware of your tinnitus (e.g. 100% aware all the time, 25% aware ¼ or the time)?
- What percentage of the time was it disturbing?
- Does your tinnitus prevent you from getting to sleep at night? Y/N
- How many times per night did you awake in the last week?
- How has tinnitus affected your work life?

Details/Comments

%	
%	

- How has tinnitus affected your home life?

- How has tinnitus affected your social activities?

General Health

What is your general health like?

Are you taking any medications? (If yes, please specify)

Compensation

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?

Y/N

Medical Contact Details

Name and Address of GP

Name and Address of ENT

I give consent to release results to my GP /ENT

signed

date

Is there anything else you would like to add that might be relevant to understanding what caused your tinnitus?