

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? _____

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Have you ever?

Y/N

Details/Comments

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?

General Hearing Problems

Y/N

Details/Comments

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?

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

Hearing Loss

Tinnitus

Sensitivity to Loud Sounds

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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?