

Tinnitus History Questionnaire

Name: _____ Date: _____

Date of Birth: _____ Age: _____

1. Family history of tinnitus complaints? Yes No If yes, who? _____
2. When did you first experience your tinnitus? _____
3. How did you perceive the beginning? Gradual Abrupt
4. Was the initial onset of your tinnitus related to:
 Loud blast of sound Whiplash Change in hearing Stress
 Head Trauma Others: _____
5. Does your tinnitus seem to PULSATE?
 YES with heartbeat Yes, different from heartbeat No
6. Where do you perceive your tinnitus? Right ear Left ear Both ears, worse in left
 Both ears, worse in right Both ears, equally Inside the head Elsewhere
7. How does your tinnitus manifest itself over time? Intermittent Constant
8. Does the LOUDNESS of the tinnitus vary from day to day? Yes No
9. Describe the LOUDNESS of your tinnitus using a scale from 1-100. (1=Very Faint; 100=Very Loud) _____
10. Please describe what your tinnitus usually sounds like: _____
11. Does your tinnitus sound more like a tone or more like noise: _____
12. Describe the PITCH of your tinnitus:
 Very high frequency High frequency Medium frequency Low frequency
13. Over the last month, what percent of your total awake time have you been aware of your tinnitus?
_____ % (Please write in a single number between 1 and 100)
14. Over the last month, what percent of your total awake time have you been annoyed, distressed, or irritated by your tinnitus? _____ % (Please write in a single number between 1 and 100)

15. How many different treatments have you undergone because of your tinnitus?

None One Several Many

16. Is your tinnitus reduced by music or by certain types of environmental sounds such as the noise of a waterfall or

the noise of running water when you are standing in the shower? Yes No Don't Know

17. Does the presence of loud noise make your tinnitus worse? Yes No Don't Know

18. Does any head and movement (e.g. moving the jaw forward or clenching the teeth), or having your arms/hands

or head touched, affect your tinnitus? Yes No Don't Know

19. Does taking a nap during the day affect your tinnitus? Worsens Reduces Has No Effect

20. Is there any relationship between sleep at night and your tinnitus during the day?

Yes No Don't Know

21. Does stress influence your tinnitus? Worsens Reduces Has No Effect

22. Does medication have an effect on your tinnitus?

Medication	Effect/Details

23. Do you think you have a hearing problem? Yes No

24. Do you wear hearing aids? Right Left Both None

25. Do you have a problem tolerating sounds because they seem too loud? That is, do you often find too loud or

hurtful sounds which other people around you find comfortable?

Never Rarely Sometimes Usually Always

26. Do sounds cause you pain or physical discomfort? Yes No Don't Know

27. Do you suffer from any of the following: Vertigo or Dizziness Temporomandibular Joint Disorder (TMJ)

Headaches Neck Pain Other Pain Syndromes

28. Are you currently under treatment for psychiatric problems? Yes No