

Patient's Name: \_\_\_\_\_  
|

Occupation: \_\_\_\_\_  
|

If retired, previous occupation: \_\_\_\_\_  
|

**TINNITUS** is defined as a noise in the ear. Please answer the following questions about your tinnitus.

1. How long have you been aware of your tinnitus?:  
|

2. Did the tinnitus come on gradually or suddenly?  
|

3. Where does your tinnitus appear to be located?

- |  |   |
|--|---|
| <input type="checkbox"/> In the left ear only  | <input type="checkbox"/> In the head    |
| <input type="checkbox"/> In the right ear only | <input type="checkbox"/> Not sure _____ |
| <input type="checkbox"/> In both ears          | <input type="checkbox"/> Other _____    |

4. At present is your tinnitus constantly there or do you hear it only part of the time?  
|

5. What does your tinnitus sound like? (check ALL the boxes that apply).

- |                                      |  |   |
|--------------------------------------|--|---|
| a. <input type="checkbox"/> Ringing  | e. <input type="checkbox"/> Whistle    | i. <input type="checkbox"/> Ocean Roar        |
| b. <input type="checkbox"/> Sizzling | f. <input type="checkbox"/> Crickets   | j. <input type="checkbox"/> Transformer Noise |
| c. <input type="checkbox"/> Hissing  | g. <input type="checkbox"/> Clear Tone | k. <input type="checkbox"/> singing           |
| d. <input type="checkbox"/> Hum      | h. <input type="checkbox"/> Buzzing    | l. <input type="checkbox"/> Pulsating         |

Does the tinnitus change in terms of type of sound? (please circle option) Yes No

6. On the scale below, please circle in the loudness of your usual tinnitus: (circle in option)

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Very quiet 0 1 2 3 4 5 6 7 8 9 10 Very loud  
Intermediate

7. Are any of the following a possible cause of your tinnitus?  
(check ALL the boxes that apply)

- |                             |   |                             |                             |
|-----------------------------|---|-----------------------------|-----------------------------|
| a. <input type="checkbox"/> | Infection of ear or sinus                 | e. <input type="checkbox"/> | Head injury or blow to head |
| b. <input type="checkbox"/> | Brief exposure to intense noise           | f. <input type="checkbox"/> | Illness                     |
| c. <input type="checkbox"/> | Noise exposure over a long period of time | g. <input type="checkbox"/> | Drugs                       |
| d. <input type="checkbox"/> | Whiplash or cervical trauma               | h. <input type="checkbox"/> | Nothing known               |

8. In addition to tinnitus, do you have a hearing loss? If no skip to question #11.

\_\_\_\_\_

9. If you do have a hearing loss, do you currently wear a hearing aid? (circle in option)

- |   |  |
|---|--|
| <input type="radio"/> No                        | <input type="radio"/> Yes in both ears       |
| <input type="radio"/> Yes in the left ear only  | <input type="radio"/> I have no hearing loss |
| <input type="radio"/> Yes in the right ear only |  |

10. If you do have a hearing loss, which is more of a problem for you, the hearing loss or the tinnitus? (circle in option)

- |  |                                |
|--|--------------------------------|
| <input type="radio"/> Hearing loss       | <input type="radio"/> Tinnitus |
| <input type="radio"/> Equally bothersome | <input type="radio"/> Unsure   |

11. Please check the box of any of the treatments you have tried for your tinnitus?

- a.  Hearing aid
- b.  Tinnitus masker or other masking device
- c.  Biofeedback
- d.  Acupuncture
- e.  Drug therapy
- f.  Dietary modification (low salt, no caffeine)
- g.  Jaw joint (TMJ) therapy
- h.  Herbal therapy (Gingko etc.)
- i.  Tinnitus retraining therapy

Other: \_\_\_\_\_

12. Have any of the treatments helped? If so please list: \_\_\_\_\_

13. Have you sought medical help for your tinnitus? (please circle option) Yes No

14. How much of an effort is it for you to ignore your tinnitus when it is present? (circle in option)

- Easily ignored
- Can be ignored with some effort
- It takes considerable effort to ignore
- Can not be ignored

15. How much discomfort do you usually experience when your tinnitus is present? (circle in option)

- None
- Mild discomfort
- Moderate discomfort
- A great deal of discomfort

16. Do you ever feel irritable because of your tinnitus?

\_\_\_\_\_

17. Do you have sleep problems because of your tinnitus?

\_\_\_\_\_

18. How much interference does tinnitus cause you for the following activities? (circle in option)

- |                               |                            |                              |                                |                             |
|-------------------------------|----------------------------|------------------------------|--------------------------------|-----------------------------|
| a. Work Activities            | <input type="radio"/> None | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> Great |
| b. Social Activities          | <input type="radio"/> None | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> Great |
| c. Mental Activities          | <input type="radio"/> None | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> Great |
| d. Over all enjoyment of life | <input type="radio"/> None | <input type="radio"/> Slight | <input type="radio"/> Moderate | <input type="radio"/> Great |

19. Do you ever have trouble with hearing or sounds (hyperacusis) that seem to loud?

\_\_\_\_\_

If yes do you wear ear plugs?

\_\_\_\_\_

20. Would you be interested in information on support groups for people with tinnitus?

\_\_\_\_\_

21. Have you been diagnosed with the following? (check ALL that apply)

- Heart disease
- High Blood Pressure
- Stroke
- Diabetes
- Cancer
- Thyroid Problems
- Meniere's Disease
- Otosclerosis
- Ear infections
- Other

22. Do you ever experience Dizziness? (circle option) Yes No

23. Please list your current medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. In the period since your tinnitus started have you used the following (check ALL that apply?)

- Tobacco (any form)
- Caffeine (coffee, tea, cola, etc)
- Alcohol (wine, beer, other)
- Aspirin (Bufferin, Anacin, Ascriptin, Aspirin)
- other new supplement or drug

# TINNITUS SEVERITY SCALE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. I am aware of my tinnitus (check one of the following):  
4. always \_\_\_\_\_ 3. usually \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. seldom \_\_\_\_\_  
(weight - 3; category - i)
2. I believe my tinnitus interferes with my hearing (check one of the following):  
4. always \_\_\_\_\_ 3. often \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 1; category - h)
3. My tinnitus makes me irritable (check one of the following):  
4. always \_\_\_\_\_ 3. often \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 3; category - d)
4. My hearing loss interferes with my ability to communicate with others (check one of the following):  
4. always \_\_\_\_\_ 3. often \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 3; category - h)
5. My tinnitus has made me change my relationships with others (check one of the following):  
4. most \_\_\_\_\_ 3. many \_\_\_\_\_  
2. a few \_\_\_\_\_ 1. none \_\_\_\_\_  
(weight - 3; category - d)
6. I am \_\_\_\_\_ bothered by my tinnitus (check one of the following):  
4. extremely \_\_\_\_\_ 3. very \_\_\_\_\_  
2. slightly \_\_\_\_\_ 1. not at all \_\_\_\_\_  
(weight - 3; category - d)
7. My tinnitus interferes with my ability to concentrate (check one of the following):  
4. always \_\_\_\_\_ 3. often \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 2; category - i)
8. I feel depressed as a result of my tinnitus (check one of the following):  
4. always \_\_\_\_\_ 3. often \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 2; category - d)
9. Because of my tinnitus, I avoid participating in extracurricular activities (check one of the following):  
4. always \_\_\_\_\_ 3. usually \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 2; category - i)
10. My tinnitus makes me feel ill (check one of the following):  
4. most of the time \_\_\_\_\_ 3. frequently \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. does not affect my health \_\_\_\_\_  
(weight - 3; category - g)
11. Because of my hearing loss, I avoid activities where groups are present (check one of the following):  
4. always \_\_\_\_\_ 3. usually \_\_\_\_\_  
2. occasionally \_\_\_\_\_ 1. never \_\_\_\_\_  
(weight - 3; category - h)

12. Circle the number next to the most appropriate statement:
- 4 If my tinnitus stays the same, I am worried about my ability to function.
  - 3 If my tinnitus becomes worse, I am worried about my ability to function.
  - 2 If my tinnitus stays the same, I am not worried about my ability to function.
  - 1 I am not worried about my ability to function regardless of any changes in my tinnitus.

(weight - 3; category - d)

13. Circle the number next to the most appropriate statement:
- 4 Because of my tinnitus it takes me more than one hour to fall asleep and I awaken during the night and can't fall back asleep quickly.
  - 3 Because of my tinnitus it takes me more than one hour to fall asleep.
  - 2 Because of my tinnitus I awaken in the middle of the night and I can't fall back asleep quickly.
  - 1 I have no trouble sleeping.

(weight - 3; category - s)

14. Circle the number next to the most appropriate statement:
- 4 I have become an extremely nervous person because of my tinnitus.
  - 3 I've always been a nervous person and the tinnitus is making me more nervous.
  - 2 I've never considered myself a nervous person but my tinnitus sometimes makes me nervous.
  - 1 My tinnitus has no effect on my nerves.

(weight - 3; category - d)

15. Circle the number next to the most appropriate statement:
- 4 I am always annoyed by my tinnitus regardless of how loud it is.
  - 3 I am often annoyed by my tinnitus regardless of how loud it is.
  - 2 I am only annoyed by my tinnitus when it is loud.
  - 1 I am not annoyed by my tinnitus regardless of how loud it is.

(weight - 3; category - i)