

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

Hearing Aid

Masker

TRT

Counselling

Music Therapy

Other - please comment

How successful did you find
these treatments?

Tinnitus History Questionnaire

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

Tinnitus History Questionnaire

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?

Tinnitus Reaction Questionnaire (TRQ)

Name:

Date Completed:

This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that **best reflects** how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total					

Wilson et al. 1991

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TINNITUS HANDICAP INVENTORY

This quiz is useful to help identify the degree of problems that your tinnitus may be causing you. Print out this questionnaire and mark your answers next to each question.

TINNITUS HANDICAP INVENTORY (THI)

POINTS

		4	0	2
1.	Because of your Tinnitus is it difficult for you to concentrate?	Yes	No	Sometimes
2.	Does the loudness of your Tinnitus make it difficult for you to hear people?	Yes	No	Sometimes
3.	Does your Tinnitus make you angry?	Yes	No	Sometimes
4.	Does your Tinnitus make you confused?	Yes	No	Sometimes
5.	Because of your Tinnitus are you desperate?	Yes	No	Sometimes
6.	Do you complain a great deal about your Tinnitus?	Yes	No	Sometimes
7.	Because of your tinnitus do you have trouble falling asleep at night?	Yes	No	Sometimes
8.	Do you feel as though you cannot escape from your Tinnitus?	Yes	No	Sometimes
9.	Does your Tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the cinema)?	Yes	No	Sometimes
10.	Because of your Tinnitus do you feel frustrated?	Yes	No	Sometimes
11.	Because of your Tinnitus do you feel that you have a terrible disease?	Yes	No	Sometimes
12.	Does your Tinnitus make it difficult to enjoy life?	Yes	No	Sometimes
13.	Does your Tinnitus interfere with your job or household responsibilities?	Yes	No	Sometimes
14.	Because of your Tinnitus do you find that you are often irritable?	Yes	No	Sometimes
15.	Because of your Tinnitus is it difficult for you to read?	Yes	No	Sometimes
16.	Does your Tinnitus make you upset?	Yes	No	Sometimes
17.	Do you feel that your Tinnitus has placed stress on your relationships with members of your family and friends?	Yes	No	Sometimes
18.	Do you find it difficult to focus your attention away from your Tinnitus and on to other things?	Yes	No	Sometimes
19.	Do you feel that you have no control over your Tinnitus?	Yes	No	Sometimes

20.	Because of your Tinnitus do you often feel tired?	Yes	No	Sometimes
21.	Because of your Tinnitus do you feel depressed?	Yes	No	Sometimes
22.	Does your Tinnitus make you feel anxious?	Yes	No	Sometimes
23.	Do you feel you can no longer cope with your Tinnitus?	Yes	No	Sometimes
24.	Does your Tinnitus get worse when you are under stress?	Yes	No	Sometimes
25.	Does your Tinnitus make you feel insecure?	Yes	No	Sometimes
	TOTAL SCORE PER COLUMN			
TOTAL SCORE:				

Reference : McCombe, A., Bagueley, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001), Guidelines for the grading of tinnitus severity : the results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999, Clin Otolaryngol 26, 388-393.

TINNITUS FUNCTIONAL INDEX

Today's Date _____
Month / Day / Year

Your Name _____
Please Print

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, and draw a **CIRCLE** around it like this: **10%** or **1**.

I Over the PAST WEEK...

1. What percentage of your time awake were you consciously **AWARE OF** your tinnitus?
Never aware ► 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *Always aware*
2. How **STRONG** or **LOUD** was your tinnitus?
Not at all strong or loud ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Extremely strong or loud*
3. What percentage of your time awake were you **ANNOYED** by your tinnitus?
None of the time ► 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *All of the time*

SC Over the PAST WEEK...

4. Did you feel **IN CONTROL** in regard to your tinnitus?
Very much in control ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Never in control*
5. How easy was it for you to **COPE** with your tinnitus?
Very easy to cope ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Impossible to cope*
6. How easy was it for you to **IGNORE** your tinnitus?
Very easy to ignore ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Impossible to ignore*

C Over the PAST WEEK, how much did your tinnitus interfere with...

7. Your ability to **CONCENTRATE**?
Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*
8. Your ability to **THINK CLEARLY**?
Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*
9. Your ability to **FOCUS ATTENTION** on other things besides your tinnitus?
Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*

SL Over the PAST WEEK...

10. How often did your tinnitus make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?
Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Always had difficulty*
11. How often did your tinnitus cause you difficulty in getting **AS MUCH SLEEP** as you needed?
Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *Always had difficulty*
12. How much of the time did your tinnitus keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?
None of the time ► 0 1 2 3 4 5 6 7 8 9 10 ◀ *All of the time*

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, and draw a **CIRCLE** around it like this: **10%** or **1**.

A	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
		▼	▼
	13. Your ability to HEAR CLEARLY ?	0	10
	14. Your ability to UNDERSTAND PEOPLE who are talking?	0	10
	15. Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	0	10
R	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
		▼	▼
	16. Your QUIET RESTING ACTIVITIES ?	0	10
	17. Your ability to RELAX ?	0	10
	18. Your ability to enjoy "PEACE AND QUIET" ?	0	10
Q	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
		▼	▼
	19. Your enjoyment of SOCIAL ACTIVITIES ?	0	10
	20. Your ENJOYMENT OF LIFE ?	0	10
	21. Your RELATIONSHIPS with family, friends and other people?	0	10
	22. How often did your tinnitus cause you to have difficulty performing your WORK OR OTHER TASKS , such as home maintenance, school work, or caring for children or others? <i>Never had difficulty</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i>	0	10
E	Over the PAST WEEK...		
	23. How ANXIOUS or WORRIED has your tinnitus made you feel? <i>Not at all anxious or worried</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely anxious or worried</i>		
	24. How BOTHERED or UPSET have you been because of your tinnitus? <i>Not at all bothered or upset</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely bothered or upset</i>		
	25. How DEPRESSED were you because of your tinnitus? <i>Not at all depressed</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely depressed</i>		