



Tinnitus History Intake Questionnaire

NAME: _____

DATE COMPLETED: _____

Lifestyle:

What is your current occupation? _____ How many hours do you work per week? _____

Do you experience stress at your job? No Yes

Do you have excessive stress at home? No Yes

During the past month, have you often been bothered by feeling down, depressed, or hopeless? No Yes

During the past month, have you often been bothered by little interest or pleasure in doing things? No Yes

Do you use tobacco or marijuana products? No Yes

Tinnitus History:

When did you first become aware of your tinnitus? _____

Under what circumstances did the tinnitus start? _____

Can you remember an event that triggered your tinnitus? _____

Have you consulted anyone about your tinnitus previously? _____

Has a cause for your tinnitus ever been diagnosed? _____

What treatments have you tried for your tinnitus?

None Hearing Aid Masker TRT Counseling Music Therapy Other: _____

How successful did you find these treatments? _____

Nature of the Tinnitus:

What does the tinnitus sound like? _____

Usual site of the tinnitus: Left Right Both Left worse than Right Right worse than Left

Is the tinnitus: Constant Intermittent

Does the tinnitus fluctuate in intensity? Yes No

Is your tinnitus disturbing? Yes No

If yes, when did your tinnitus first become disturbing? _____

Does exposure to moderately loud sounds make your tinnitus worse? No Yes Explain: _____

What makes your tinnitus worse? _____

What makes your tinnitus better? _____



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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? _____%

What percentage of the time was it disturbing? _____%

Does your tinnitus prevent you from getting to sleep at night? No Yes

Does your tinnitus affect your concentration? No Yes

How many times per night did your tinnitus wake you in the last week? _____

How has tinnitus affected your work life? _____

How has tinnitus affected your home life? _____

How has tinnitus affected you social activities? _____

Have you ever:

Been exposed to gunfire or explosion? No Yes Explain: _____

Attended loud events (concerts, etc.)? No Yes Explain: _____

Had any noisy jobs? No Yes Explain: _____

Had any noisy hobbies or activities? No Yes Explain: _____

General Hearing Problems

Do you have difficulties hearing when there is background noise? No Yes

Do you have difficulties understanding in one-to-one conversations? No Yes

Do you have difficulties hearing the TV? No Yes

Do you have difficulties hearing on the telephone? No Yes

Do you have any dizziness or balance problems? No Yes

Do you find external sounds unpleasant or uncomfortable? No Yes

Do you dislike certain external sounds? No Yes

Do you use ear protection/ear plugs? No Yes



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General Health

Have you taken any of the following medications?

- Quinine Streptomycin Kantamycin Dihydrostreptomycin Neomycin Gentamicin

Regularly take aspirin? No Yes Dosage: _____

Please list all current medications and indicate frequency and dosage: (If you have a list, please ask to have it copied)

Do you have any of the following?

Vascular problems No Yes Reduced cognitive ability No Yes

Cardiovascular disease (HTN) No Yes Blood disease (anemia) No Yes

Cervical difficulties No Yes Kidney disease No Yes

Thyroid problems No Yes Multiple Sclerosis No Yes

Lyme disease No Yes

Have loose dentures? No Yes Explain: _____

Jaw pain? No Yes Explain: _____

Grinding/clicking sensations in the jaw? No Yes Explain: _____

Feelings of ear pressure or blockage? No Yes Explain: _____

Had any head injuries or concussions? No Yes Explain: _____

Operations involving your ear or head? No Yes Explain: _____

Used solvents, thinners, or alcohol-based cleaners? No Yes Explain: _____

Are you currently pursuing any form of compensation, sickness benefit, DVA, motor vehicle accident claim, or any legal action in relation to your tinnitus?

No Yes Explain: _____

Do you have an Ear, Nose and Throat doctor?

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