Dr. Richard J. Strauch
2-B Waln Street
Wellsboro, PA 16901
(570) 724-4042 Phone
(570) 724-2638 Fax

# TINNITUS QUESTIONNAIRE

Name _____ Age _____

Address _____ Phone _____

_____

1. I have had tinnitus in its present form for: (circle one)
   a. Less than a year
   b. One to two years
   c. Two to three years
   d. Three to five years
   e. Longer than five years

2. Prior to my present form of tinnitus, I had mild tinnitus for _____ years.

3. My tinnitus seems to be primarily located in: (circle one)
   a. The left ear
   b. The right ear
   c. Both ears equally
   d. Both ears but unequally
   e. My head

4. The severity of my tinnitus in its worse form, according to the scale below is represented by the number:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Mild | | | | Moderate severity | | | | Extremely severe | |

5. The loudness of my tinnitus is: [circle one]
   a. Fairly constant from day to day
   b. Fluctuates wildly, being very loud on some days and very mild on other days
   c. Usually constant but on rare occasions will decrease remarkably.
   d. Usually constant but will increase markedly.

6. If my tinnitus changes from time to time, these changes are caused by :

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7. On the scale below indicate the pitch of your tinnitus. It might help to imagine the scale as if it were a piano keyboard.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Low pitch | | | | Middle pitch | | | | High pitch | |

8. Circle any items below that describe how your tinnitus sounds: [Circle all appropriate]
   a. Hissing
   b. Cricket-Like
   c. Pounding
   d. Pulsating
   e. Whistle
   f. Ringing
   g. Steam whistle
   h. Bells
   i. Clanging
   j. Ocean roaring

9. My tinnitus appears worse: [circle one]
   a. When I am tired
   b. When I am tense and nervous
   c. When I am relaxed
   d. After use of alcohol

10. Do you smoke? Yes No
    If so, for how long have you been a smoker? _____ years
    If so, how many cigarettes per day? _____

11. Do you drink coffee? Yes, how many cups per day _____ No _____

12. Circle any of the following items that give you any relief from tinnitus.

    a. Listening to radio or TV
    b. Traffic sounds
    c. Sounds of running water [e.g., shower]
    d. Medication _____
    e. Changes in altitude

13. Have you ever received a head injury? Yes _____ No _____
    If so, were you knocked unconscious? Yes _____ No _____
    How long ago was the accident? _____ years

14. Have you been exposed to loud noises? Yes _____ No _____

    Briefly explain _____

15. Do you wear protection in the presence of loud sounds? Yes _____ No _____

16. Have you ever worn a hearing aid? Yes _____ No _____

17. Do you have any of the following [circle appropriate letters]

    a. High Blood Pressure
    b. Diabetes
    c. Allergies
    d. Other _____

18. Does tinnitus cause you problems getting to sleep? Yes _____ No _____

19. If you are a hearing aid user, how does the aid effect your tinnitus?

    _____

20. Are you taking any medications? Yes _____ No ____
    If yes, what medications? _____

21. Have you had any history of ear disease? Yes _____ No _____
    If yes, explain _____

    _____

22. Do you have hearing loss? Yes _____ No _____
    Right ear _____ Left ear _____

Additional Comments: _____

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