**Houston Ear Nose and Throat Clinic LLP**

Mark Nichols, MD, PA

TINNITUS QUESTIONAIRE

Patient Name: _____ Age: _____ Date: _____

Address: _____ Phone: _____

_____

Referred to this office by: _____

1 I have had tinnitus in its present form for:
(circle the appropriate letter)

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 a mild tinnitus for _____ (length of time).

3 My tinnitus seems to be primarily located in:
(circle the appropriate letter)

a. the left ear
b. the right ear
c. both ears equally
d. both ears but unequal
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 Tinnitus | | | | Moderately Severe | | | | | Extremely Severe |

5 The loudeness of my tinnitus is:
(circle the appropriate letter)

a. Fairly constant from day to day
b. Fluctuates widely being very loud on some days and very mild on other days
c. Usually constant but on rare occasions will decrease markedly

6 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 |

7 Check any items below which describe how your tinnitus sounds:
(circle the appropriate letter)

| | | | |
|---|---|---|---|
| a. | hissing | f. | ringing |
| b. | cricket-like | g. | steam whistle |
| c. | pounding | h. | bells |
| d. | pulsating | I. | clanging |
| e. | whistle | j. | ocean roaring |

8 My tinnitus appears worse:
(circle the appropriate letter)

a. When I am tired
b. When I am tense and nervous
c. When I am relaxed
d. After use of alcohol

9 Do you smoke? Yes _____ No _____

If so, for how long have you been a smoker? _____years

If so, how many cigarettes per day? _____

10 Do you drink coffee? Yes _____ No _____

If so, how many cups per day?_____

11 Check any of the following items which give you any relief from your tinnitus.
(circle the appropriate letter)

a. Listening to radio or T.V.
b. Traffic sounds
c. Sounds of running water (e.g. shower)
d. Medication (_____kind)
e. Changes in altitude
f. Other_____

12 Have you ever experienced a head injury? Yes _____ No _____

If so, were you ever unconscious? Yes _____ No _____

How long ago was the accident? _____ years

13 Have you been exposed to loud sounds? Yes _____ No _____

If yes, explain briefly _____

14 Are you presently working in or exposed to loud sounds? Yes _____ No _____

If yes, explain briefly _____

16 Do you wear ear protection in the presence of loud sounds? Yes _____ No _____