

## **Tinnitus History Questionnaire**

Name:		Date of Birth:				
Date: Nature of the Tinnitus						
How does the tinnitus sound?						
non account minutes scana.						
Usual site of the tinnitus? (Please	Left =Right	Left worse	Right worse	Central		
circle the correct site) Is the	0	than Right	than Left			
tinnitus constant or intermittent?						
Does the tinnitus fluctuate in						
intensity?						
What makes your tinnitus						
worse?						
What makes your tinnitus						
What makes your tinnitus better?						
Tinnitus History						
When did you first become aware of your tinnitus?						
aware or your commeas.						
When did your tinnitus first become disturbing?						
become disturbing:						
Under what circumstances did the						
tinnitus start?						
What do you consider to have						
started the tinnitus?						
Who have you conculted						
Who have you consulted about your tinnitus?						
,						
What have previous professionals						
said your tinnitus is due to?						
What treatments have you tried for yo	our tinnitus?					
Mana	Lloc -:	og Aid	Masker			
None TRT	Hearir Couns	_	Masker Music Therapy			
Other - please co			wasic merapy			
the Color Color						

How successful did you find these treatments?

Have you ever?		Y/N	Details/Comments
Been exposed to gunfire or explosion		,	,
, , , , , , , , , , , , , , , , , , ,			
Attended loud events e.g. music concerts or cl	ubs		
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: Quini	ne,		
Quindidine, Streptomycin, Kantamycin,	_		
Dihydrostreptomycin, Neomycin Used solvents thinners or alcohol based cleaners?	5,		-
Do you?	1. 1.		
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	ada maka		
Do you find exposure to moderately loud sour your tinnitus worse?	ius make		
What is your current occupation?			
General Hearing Problems			
g · · · · · · · ·	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?			
Davier have difficulties has rive the TV2			

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

Effect of the linnitus	Detail	s/Comments		
- 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?	70			
- 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?				
now has tillineas affected your work me:				
How has tinnitus affected your home life?				
now has anneas anceted your nome me.				
How has tinnitus affected your social				
activities?				
General Health				
What is your general health like?				
Triacis your general nearen inc.				
Are you taking any medications? (If yes, please				
specify)				
specify				
Compensation				
Are you currently pursuing any form of compens	ation sickness h	enefit DVA m	otor vehicle accident	claim
or any other legal action in relation to your tinnit		cc., 5 77, 11.	otor vernore accident	o.a
,,		Y/N		
Medical Contact Details		1,11		
Name and Address of GP				
Name and Address of Gr				
Name and Address of ENT				
I give consent to release results to my				
GP/ENT	signe	d	date	
Is there anything else you would like to add that	might be relevar	nt to understar	nding what caused you	ur
tinnitus?				