

Tinnitus History Questionnaire

Name: _____

DOB: _____ Date Completed: _____

Nature of the Tinnitus

How does the tinnitus sound?

Usual site of the tinnitus? (circle)

Left = Right Left worse than Right Right worse than Left Central

Is the tinnitus constant or intermittent?

Does the tinnitus fluctuate in intensity or loudness?

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?

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Do you wear ear protection / ear plugs?

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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 Tinnitus

Does your tinnitus prevent you from getting to sleep at night?

Y/N	Details/Comments

How many times per night did you awake in the last week?

How has tinnitus affected your work life?

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	Details/Comments

Medical Contact Details

Name and Address of GP

Name and Address of ENT

I give consent to release results to my GP /ENT

Signed: _____

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