

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?

Tinnitus History Questionnaire

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Date Completed _____

Have you ever:

- Been exposed to gunfire or explosion?
How often were you exposed?
Did you wear hearing protection?
- Attended loud events? (e.g., concerts, clubs)
- 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?
- Used solvents, thinners or alcohol based cleaners?
- Taken any of the following medications:
Quinine, Quinidine, Streptomycin, Kanamycin,
Dihydrostreptomycin, Neomycin

Y/N	Details/Comments

Do you:

- 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?
- Do you find exposure to moderately loud sounds make your tinnitus worse?
- What is your current occupation?

Y/N	Details/Comments

General Hearing Problems

- 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?

Y/N	Details/Comments

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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?
 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?

Y/N	Details/Comments

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: _____

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