Maria M. Doucet, M.D.

TINNITUS QUESTIONNAIRE

NAME _____ Date _____

1. What does your tinnitus (sounds in your ears) sound like? ***Please circle all that apply***
   - A) Ringing
   - B) Buzzing
   - C) Roaring
   - D) Clicking
   - E) Hissing
   - F) Pulsating
   - G) Cricket / Locust Sounds
   - H) Other (describe) _____

2. Is the sound in the right, left or both ears? Right _____ Left _____ Both _____

3. When did your tinnitus begin? _____

4. How often do you have tinnitus? ***Please circle all that apply***

   DAILY WEEKLY MONTHLY CONSTANTLY OTHER _____

5. If you do not have tinnitus **constantly**, approximately how long does it last in hours and/or minutes?

   Hours _____ Minutes _____

6. List what you think may have caused your tinnitus. Examples include cold or other illness, ear infection, ear or head injury, exposure to loud noise, etc.

7. 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			extremely severe		

8. My Tinnitus appears worse:
   - A. When I am tired
   - B. When I am tense/nervous
   - C. When I am relaxed
   - D. After use of alcohol
   - E. Other _____

9. Do you smoke (circle one) YES or NO
   1) If so, for how long have being a smoker? _____years
   2) If so, how many cigarettes per day? _____

Continued on Back Side

10. Do you drink coffee (circle one) YES or NO

    1) If so, how many cups per day?_____

11. Circle any of the following items which give you any relief from your Tinnitus:

A.	Listening to radio/T.V.	D.	Medication _____
B.	Traffic sounds	E.	Changes in altitude
C.	Sounds of running water	F.	Other _____

12. Have you ever received a head injury? YES or NO

    1) If so, were you knocked unconscious? YES or NO

    2) How long ago was the incident? _____years

13. Have you been exposed to loud sounds? YES or NO

    1) If yes, explain briefly_____

14. Do you wear ear protection in noisy places? YES or NO

_____

Reviewed by Maria M. Doucet, M.D.