

Name: _____ Date: _____

Tinnitus History

1. When did you first become aware of your tinnitus? _____
2. What do you think is the cause of your tinnitus? _____
3. Where is your tinnitus primarily located? Circle one

Left ear right ear both head

4. Using the scale below, indicate the **loudness** of:
 - a. Your tinnitus right now: _____
 - b. Your average tinnitus: _____
 - c. Your tinnitus at its worst: _____
 - d. Your tinnitus at its least: _____

| | | | | | | | | | | |
|------|---|------|---|----------|---|--------|---|--------------|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| none | | mild | | moderate | | severe | | excruciating | | |

5. Using the scale below, indicate the pitch of your tinnitus (think of a piano keyboard).

| | | | | | | | | | | |
|-----------|---|---|-----------|---|---|---|------------|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| low pitch | | | mid pitch | | | | high pitch | | | |

6. Circle all the terms below that describe the sound of your tinnitus

| | | | |
|---------------|-------------------|-----------|----------|
| hissing | ringing | crickets | whistle |
| steam whistle | pounding | pulsating | bells |
| clanging | buzzing | sizzling | clicking |
| ocean roar | high tension wire | other | |

7. Do you have hearing loss? Circle one

yes no not sure

8. Which is more of a problem, hearing or tinnitus? Circle one

hearing tinnitus not sure

9. Have you been exposed to loud noise? Circle one

yes no

10. If yes, what? Circle all that apply

gunfire/explosions job/hobbies loud music power tools

other: _____

11. Do you wear hearing protection in the presence of loud sounds? Circle one

yes no

12. Are you adversely affected by loud sounds? Circle one

yes no

If yes, explain: _____

13. The loudness of your tinnitus is: Circle one

- a. Fairly constant day to day
- b. Fluctuates widely, being very loud some days and very mild other days
- c. Usually constant, but occasionally decreases markedly
- d. Usually constant, but occasionally increases markedly

14. Does your tinnitus appear worse: Circle all that apply

- | | |
|----------------------|----------------------------|
| when tired | when tense or nervous |
| at bedtime | when relaxed |
| upon awakening | after use of alcohol |
| in the morning | in the evening |
| at work | when trying to concentrate |
| at social activities | around noise |

15. Do you feel emotional or physical stress worsens your tinnitus? Circle one

yes no

If yes, explain: _____

16. How does your tinnitus interfere with your activities?

- a. Work/chores: _____
- b. Family: _____
- c. Religious activities: _____
- d. Social/recreational: _____
- e. Exercise: _____
- f. Sleep: _____

17. Does the tinnitus awaken you from sleep? Circle one

yes no

18. Are you able to fall back asleep once awakened? Circle one

yes no

19. What do you do when you have trouble sleeping? Circle all that apply

- medications mental exercises watching TV other

20. Who have you consulted for your tinnitus? What were the results?

| Specialist | What was done? | How long ago? | Results |
|------------|----------------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

21. Circle all treatments you have tried for your tinnitus.

- surgery
- acupuncture
- drug therapy
- hearing aids
- homeopathy
- masking therapy
- massage
- physical therapy
- chiropractic
- antidepressants
- biofeedback
- exercise program
- dental
- dietary management or nutrition counseling
- relaxation training or hypnosis
- psychotherapy or other counseling
- other: _____

22. Do you regularly take aspirin? Circle one

- yes
- no

23. List any new medications or supplements.

24. Additional information:
