



Patient Name: _____ Date of Birth: _____ Today's Date: _____

Tinnitus Intake Questionnaire

Tinnitus Characterization

If you hear more than one sound or a different sound in ear, please answer the following questions with regard to the one most annoying sound:

1. Is your tinnitus present:

- ☐ Constantly
☐ Intermittently

If intermittent, how long does the tinnitus last for? _____

2. Where is your tinnitus located? (Please choose only ONE answer).

- | | |
|---|---|
| <input type="checkbox"/> Left ear only | <input type="checkbox"/> Middle of the head |
| <input type="checkbox"/> Right ear only | <input type="checkbox"/> In the head but no exact place |
| <input type="checkbox"/> Both ears equally | <input type="checkbox"/> More on the right side of the head |
| <input type="checkbox"/> Both ears but worse in left ear | <input type="checkbox"/> More on the left side of the head |
| <input type="checkbox"/> Both ears but worse in the right ear | <input type="checkbox"/> Outside of the head |

3. What does the tinnitus sound like? _____

4. Does the tinnitus fluctuate in pitch or intensity? (check all that apply)

- ☐ It fluctuates in pitch
☐ It fluctuates in intensity
☐ It does not fluctuate

5. Is the tinnitus pulsatile?

- ☐ No
☐ Yes

Tinnitus History

6. When did you first become aware of the tinnitus? _____

7. Was the onset sudden or gradual?

- ☐ Sudden
☐ Gradual

Please explain: _____

8. What do you consider to have started the tinnitus? _____

9. When did the tinnitus first become disturbing to you? _____

10. Has the intensity of the tinnitus changed over time?

- ☐ No
☐ Yes

Please explain: _____

11. What, if anything, have you found makes your tinnitus worse? _____

12. What, if anything, have you found makes your tinnitus better? _____

13. Do you have TMJ, jaw pain, or grinding or clicking sensations in the jaw?

- ☐ No
☐ Yes

14. Who have you consulted regarding your tinnitus? _____

15. What, if anything, have previous professionals said your tinnitus is due to? _____

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Tinnitus Intake Questionnaire Continued

16. What treatments have you undergone for tinnitus?

- ☐ TRT
- ☐ Hearing Aids
- ☐ Counseling
- ☐ Masking

- ☐ Music therapy
- ☐ Acupuncture or chiropractic medicine
- ☐ None
- ☐ Other: _____

How successful did you find these treatments? _____

17. Have you discussed your tinnitus with friends or family members?

- ☐ No
- ☐ Yes

If so, what was their reaction? _____

Tinnitus Reaction

18. On a scale from 0-10, what is your typical *annoyance* level of your tinnitus.

_____ (0= Not annoying at all, 10= Extremely annoying).

19. Over the past week, what percentage of the time you were awake were you **aware** of your tinnitus? (e.g.: 100% would indicate that you were aware of your tinnitus at all times, and 25% would indicate that you were aware of your tinnitus $\frac{1}{4}$ of the time).

_____ % (Please write a single number between 1 and 100).

20. Over the past week, what percentage of the time you were awake were you **disturbed** by your tinnitus?

_____ % (Please write a single number between 1 and 100).

21. When are you most bothered by your tinnitus?

- ☐ When I wake up
- ☐ When I go to bed
- ☐ When I have to concentrate

- ☐ At work
- ☐ Social activities around noise
- ☐ Other: _____

22. Does your tinnitus interfere with any of the below activities? Check all that apply.

- ☐ Work
- ☐ Family
- ☐ Social activities
- ☐ Leisure activities

- ☐ Sleep
- ☐ Physical activities
- ☐ Other: _____

Please explain: _____

23. Are you experiencing depression or anxiety?

- ☐ No
- ☐ Yes

If so, are you currently receiving treatment for depression or anxiety? _____

If so, do you feel your tinnitus is related?

- ☐ No
- ☐ Yes

Please explain: _____

24. Are you experiencing any suicidal thoughts or idealations?

- ☐ No
- ☐ Yes

25. Are you currently taking any benzodiazepines or recreational drugs?

- ☐ No
- ☐ Yes

If so, what drugs/ prescriptions? _____

26. Is there anything else you would like us to know? _____
