Tinnitus History Ques	stionnaire DOB	Date Completed		
Nature of the Tinnitus How does the tinnitus sound?				
Usual site of the tinnitus? (Please circle the correct site) Is the tinnitus constant or intermittent? Does the tinnitus fluctuate in intensity? What makes your tinnitus worse?	Left =Right	Left worse than Right	Right worse than Left	Central
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 None TRT Other - please How successful did you find these treatments?	Hearing Counse	J Aid	Masker Music Therapy	

Tinnitus History Questionnaire

Name

Y/N

Details/Comments

Have you ever?

Been exposed to gunfire or explosion

Attended loud events e.g. music concerts or 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

Taken any of the following medications: Quinine, Quindidine, Streptomycin, Kantamycin, Dihydrostreptomycin, Neomycin

Used solvents, thinners or alcohol based cleaners?

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?

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?

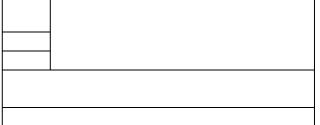
Do you have any dizziness or balance problems?

Do you find external sounds unpleasant or uncomfortable?

Do you dislike certain external sounds? Do you wear ear protection/ ear plugs?

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

Hearing Loss
Tinnitus
Sensitivity to Loud Sounds



Y/N Details/Comments

Tinnitus History Questionnaire DOB

Name

Effect of the Tinnitus

- Over the past week, what percenta of the time you were awake were vo aware of your tinnitus (e.g. 100% av all the time, 25% aware $\frac{1}{4}$ or the time - What percentage of the time was i disturbing?

- Does your tinnitus prevent you from getting to sleep at night? Y/N

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

- How has tinnitus affected your wor life?

- How has tinnitus affected your hor life?

 How has tinnitus affected your soc 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?

Medical Contact Details

Name and Address of GP

Name and Address of ENT

I give consent to release results to my GP /ENT

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

signed

Details/Comments

ge u /are	%			
e)?				
·	%			
		-		
е				
al				

Y/N

date