

# TINNITUS THERMOMETER

CLIENT'S NAME: \_\_\_\_\_



|       |  |       |  |       |  |       |  |       |  |       |  |
|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|
| DATE: |  | REF.: |  | DATE: |  | REF.: |  | DATE: |  | REF.: |  |
|-------|--|-------|--|-------|--|-------|--|-------|--|-------|--|

1 When you think of tinnitus, what do you think of? Say one or two words that describes how you **feel** about it.

2 What do you expect from this appointment?

3 During the past week, was there a time when your tinnitus was less bothersome?

4 Mark the number between 0-10 that best describes how much tinnitus has bothered you in the past week, including today.

0 = No tinnitus

10 = Worst possible tinnitus