



35974

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Subject ID

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Month/Day/Year

Tinnitus Baseline Questionnaire

Please answer each question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

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1. Please list your age.

□ □ □

2. Gender

Male Female

3. Are you Spanish/Hispanic/Latino?

No Yes Prefer not to answer

4. What is your race? (mark **all** that apply)

- African American/Black
- American Indian/Alaskan Native
- Asian
- Hawaiian, other Pacific Islander
- White/Caucasian
- Prefer not to answer
- Other (please describe): _____

5. Are you currently employed?
(mark **one** answer only)

- YES: Employed full-time
- Employed part-time or on call
- Employed and student
- Self-employed

- NO: Full-time student
- Looking for employment
- Not looking for employment
- Unemployed because of health
- Retired
- Other Reason: _____

6. What is your current marital status?
(mark **one** answer only)

- Living with spouse or significant other
- Single, never married
- Divorced/separated
- Widowed



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Four empty boxes for Subject ID

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Three pairs of empty boxes for Month/Day/Year

Month/Day/Year

Tinnitus **Baseline** Questionnaire

7. Are you a United States military Veteran? No Yes (If NO, go to #8)

7a. If yes: Do you have any service-connected disability? No Yes (If NO, go to #8)

7a.1. If yes, are you service-connected for tinnitus? No Yes

7a.2. If yes, are you service-connected for hearing loss? No Yes

8. What is the highest grade in school that you completed? (mark **one** response only)

- Completed 8th grade or less
- Attended some high school
- Completed high school
- Post-high school vocational training
- Attended some college (less than 4 years)
- Completed college (Bachelor's degree)
- Post graduate

9. Compared to other persons your age, would you say that your health is: (mark **one** response only)

- Excellent
- Very good
- Good
- Fair
- Poor

10. Does your tinnitus make it harder for you to hear? (mark **one** response only)

- Never
- Rarely
- Sometimes
- Usually
- Always
- Unsure

11. How much of the time do you think your tinnitus is present (whether you are aware of it or not)? (mark **one** response only)

- Never
- Occasionally
- Some of the time
- Most of the time
- Always



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Month/Day/Year

Tinnitus **Baseline** Questionnaire

12. On average, how much of the time do you **think about** your tinnitus?
(mark **one** response only)

- Never
- Occasionally
- Some of the time
- Most of the time
- Always

13. On average, how much of the time are you **annoyed by** your tinnitus?
(mark **one** response only)

- Never
- Occasionally
- Some of the time
- Most of the time
- Always

14. On average, how much of a **problem** is your tinnitus?
(mark **one** response only)

- Not a problem
- Slight problem
- Moderate problem
- Big problem
- Very big problem

15. How long have you had tinnitus?
(mark **one** response only)

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 20+ years



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Subject ID input boxes

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Month/Day/Year input boxes

Month/Day/Year

Tinnitus Baseline Questionnaire

Hearing Handicap Inventory - E

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Please answer the following questions based on **your last two weeks**.

	4 pts	2 pts	0 pts
Does a hearing problem cause you to feel embarrassed when you meet new people?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Does a hearing problem cause you to feel frustrated when talking to members of your family?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Do you have difficulty when someone speaks in a whisper?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Do you feel handicapped by a hearing problem?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Does a hearing problem cause you to attend religious services less often than you would like?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Does a hearing problem cause you to have arguments with family members?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Does a hearing problem cause you difficulty when listening to TV or radio?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="radio"/> Yes	<input type="radio"/> Sometimes	<input type="radio"/> No
	Total: _____		

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