

6. For the sound selected above (item #5), please indicate which quality/sensation is most closely associated with the tinnitus you hear? (Please circle only ONE).
- a. High
 - b. Bright
 - c. Sharp
 - d. Piercing
 - e. Brilliant
 - f. Tense
 - g. Rough
 - h. Other (specify) _____

Tinnitus Duration

7. About how often is your tinnitus present? (Please choose only ONE answer).
- a. Never present
 - b. Present occasionally
 - c. Present some of the time
 - d. Present most of the time
 - e. Present always
8. Does the PITCH of your tinnitus tend to change from time to time?
- a. Rarely or never changes
 - b. Changes several times per month
 - c. Changes several times per week
 - d. Changes daily
9. Does the LOUDNESS of your tinnitus tend to change from time to time?
- a. Rarely or never changes
 - b. Changes several times per month
 - c. Changes several times per week
 - d. Changes daily
10. Does the tinnitus ever change to a completely different sound?
- a. No
 - b. Yes, suddenly
 - c. Yes, gradually
11. About how long have you been aware of hearing tinnitus?
- a. Less than 1 year
 - b. 1-2 years
 - c. 3-5 years
 - d. 6-10 years
 - e. 11-20 years
 - f. 20+ years
12. During the time you are awake, what percentage of the time are you AWARE of your tinnitus? For example, 100% would indicate that you are aware of your tinnitus all the time, and 25% would indicate that you are aware of your tinnitus 1/4 of the time.
_____ % Please write in a single number between 0 and 100.
13. What percentage of the time are you PAYING ATTENTION to your tinnitus? For example, 100% would indicate that you pay attention to your tinnitus all the time, and 25% would indicate that you pay attention to your tinnitus 1/4 of the time.
_____ % Please write in a single number between 0 and 100.

14. About how long has your tinnitus really been disturbing/bothersome to you?
- a. Less than 1 year
 - b. 1-2 years
 - c. 3-5 years
 - d. 6-10 years
 - e. 11-20 years
 - f. 20+ years
15. During the time you are awake, what percentage of the time are you DISTURBED/BOTHERED by your tinnitus? For example, 100% would indicate that you are disturbed/bothered by your tinnitus all the time, and 25% would indicate that you are disturbed/bothered by your tinnitus 1/4 of the time.
- _____ % Please write in a single number between 0 and 100.

Factors Affecting Tinnitus

16. When you have your tinnitus, which of the following makes it **WORSE**? (Circle all of these that apply to you).
- a. Alcohol
 - b. Being in a noisy place
 - c. Being a quiet place
 - d. Changing head position
 - e. Clenching teeth/jaw
 - f. Chewing
 - g. Coffee/tea
 - h. Driving
 - i. During your menstrual period
 - j. Drugs/medicine
 - k. Emotional or mental stress
 - l. Food (specify) _____
 - m. Having just recently worn a hearing aid
 - n. Relaxation
 - o. Shooting guns, rifles, etc
 - p. Sudden physical activity
 - q. When you are excited
 - r. When you are tired from doing physical work
 - s. While you are wearing a hearing aid
 - t. When you first wake up
 - u. Working on computer
 - v. Other (specify) _____
 - w. Nothing makes it worse
17. Which of the following REDUCES your tinnitus? (Circle all of the answers that apply to you).
- a. Alcohol
 - b. Being in a noisy place
 - c. Being in a quiet place
 - d. Clenching teeth/jaw
 - e. Coffee/tea
 - f. Drugs/medicine
 - g. Exercise
 - h. Food (specify) _____
 - i. Having just recently been in a noisy place
 - j. Having just recently been in a quiet place
 - k. Listening to television or radio
 - l. Lying down (specify position) _____
 - m. Mental activities
 - n. Sleep/rest
 - o. Smoking
 - p. Wearing a hearing aid
 - q. Other (specify) _____
 - r. Nothing reduces my tinnitus.
18. What do you think originally caused your tinnitus? Select ONE only.
- a. Accident/trauma (specify) _____
 - b. Alcohol
 - c. Drugs/medicine
 - d. Disease
 - e. Food (specify) _____
 - f. Hearing loss
 - g. Illness (specify) _____
 - h. Noise
 - i. Smoking
 - j. Stress
 - k. Surgery
 - l. Other (specify) _____
 - m. I have no idea
19. Do you have any dental problems? (Circle all of the answers that apply to you).
- a. Clicking sensations in the jaw
 - b. Jaw pain or grinding
 - c. Loose dentures
20. Do jaw movements change your tinnitus?
- a. No
 - b. Yes

- 21. Have you had any neck pain, injury, stiffness, or difficulty turning your head?
 - a. No
 - b. Yes (specify) _____
- 22. Were you taking any medications just BEFORE your tinnitus began?
 - a. No
 - b. Yes
- 23. Are you taking any medications NOW?
 - a. No
 - b. Yes (specify)_____

Hearing Problems

- 24. Are you having any problems HEARING speech or other sounds? (Please choose only ONE answer).
 - a. Not a problem
 - b. Small problem
 - c. Moderate problem
 - d. Big problem
 - e. Very big problem
 - f. Not sure
- 25. Do you find external everyday sounds unpleasant or uncomfortable?
 - a. No
 - b. Yes

If yes, do you use noise protection/ear plugs for relief? No Yes

Everyday Consequences of Tinnitus and Concerns

- 26. How much of a problem is your tinnitus? (Please choose only ONE answer).
 - a. Not a problem
 - b. Small problem
 - c. Moderate problem
 - d. Big problem
 - e. Very big problem
- 27. Please write a single number between 0 and 100 to indicate how ANNOYING you find your tinnitus. (0 would indicate that it is not annoying at all, a 100 would indicate that it is extremely annoying).
_____ (Please write a single number between 0 and 100).
- 28. To what degree are you DEPRESSED by your tinnitus? (0 indicates your tinnitus does not depress you; 100 indicates you are extremely depressed by your tinnitus).
_____ (Please write a single number between 0 and 100).
- 29. Do you have trouble CONCENTRATING because of your tinnitus? (0 indicates your tinnitus does not affect concentration; 100 indicates that your tinnitus always interferes with concentration).
_____ (Please write a single number between 0 and 100).
- 30. Does your tinnitus interfere with your understanding speech? (0 indicates your tinnitus does not interfere with speech; 100 indicates your tinnitus interferes extremely with understanding speech).
_____ (Please write a single number between 0 and 100).

31. During the past week, how severe would you rate your tinnitus? (0 indicates no tinnitus present; 100 indicates the worst tinnitus you can imagine).
_____ (Please write a single number between 0 and 100)
32. I am concerned that my tinnitus is a symptom of a much worse disease.
a. Yes
b. No
33. I am concerned that I might go deaf because of my tinnitus.
a. Yes
b. No
34. What percentage of the time does your tinnitus interfere with your getting to sleep (0% - does not interfere; 100% - interferes every night).
_____ (Please write a single number between 0 and 100).
35. In which position(s) do you sleep? (Circle all that apply)
a. Stomach
b. Back
c. Sides
36. How many pillows do you use when trying to fall asleep? _____
37. Does your tinnitus wake you at night or keep you from falling asleep?
a. No
b. Yes
c. Sometimes

Tinnitus Treatment History

38. What treatments have you tried for managing your tinnitus?
a. None
b. Hearing aids
c. Maskers/sound generators
d. Tinnitus Retraining Therapy (TRT)
e. Counseling
f. Music
g. Medication (specify) _____
h. Other (specify) _____
39. How successful or helpful did you find these treatments? (Go to the next question if you have **not** tried any specific tinnitus treatments.)
a. No help
b. Some help
c. Moderately helpful
d. Very helpful

Health/Other

40. What do you consider your primary problem? (Circle only one)
- a. Dizziness
 - b. Hearing loss
 - c. Tinnitus
 - d. Sensitivity to external sounds
 - e. Headaches
 - f. Neck pain/stiffness
 - g. Other (specify)_____
41. Please rate your general health.
- a. Excellent
 - b. Good
 - c. Fair
 - d. Poor
42. Are you currently pursuing any form of compensation, sickness benefit, motor vehicle accident claim or any other legal action in relation to your tinnitus?
- a. No
 - b. Yes
43. Are you generally very sensitive to pain or discomfort?
- a. No
 - b. Yes
44. Is your tinnitus one of several other health problems you are currently dealing with?
- a. No
 - b. Yes
45. Is there anything else that you would like to add that might be relevant to our understanding of your tinnitus?

***Thank you for completing this questionnaire.
Your responses will help us provide better service to you and future patients.***