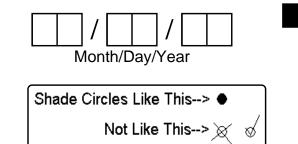


O Screening	
O Baseline	Subject ID
O 1 Week	,
O 2 Months	Do not fill in - for office use only
O 3 Months	



Tinnitus Screener

Tinnitus is ringing, buzzing, humming or other noises in your ears or head.

During the PAST YEAR:

1. Have you experienced tinnitus lasting more than 2 - 3 minutes?

NO: <u>STOP HERE</u>YES:<u>GO TO #2</u>

2. Have you experienced tinnitus for at least 6 months?

NO: GO TO #3YES: GO TO #3

3. In a quiet room, can you hear tinnitus?

O Always: <u>stop HERE</u> O Usually: <u>stop HERE</u>

O Sometimes/Occasionally: GO TO #4

4. When you heard tinnitus this past year, was it caused by a recent event? (Examples: loud concert, head cold, allergies, some medications)

○ NO: **GO TO** #6

YES, Sometimes: GO to #5YES, Always: STOP HERE

5. Does your tinnitus seem to "come and go" on its own, in addition to being caused by a recent event(s)?

NO: <u>STOP HERE</u>YES: **GO TO #6**

6. Do you experience tinnitus on a:

O Daily or weekly basis: <u>STOP HERE</u>O Monthly or yearly basis: <u>STOP HERE</u>