



Tinnitus Questionnaire  
(circle answer)

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

The tinnitus is in the: right, left or both ear(s).

The tinnitus is: constant or intermittent; stable, getting better, or getting worse; quiet, loud or variable in intensity.

Certain things make my tinnitus better or worse: true/false, \_\_\_\_\_.

The tinnitus is annoying: true/false.

I have trouble concentrating on things: not at all, sometimes, most of the time.

The tinnitus makes it difficult for me to understand conversation: true/false.

I think I know what may have caused my tinnitus: true/false, \_\_\_\_\_.

I have or have had any of the following: high blood pressure, diabetes, severe infection (needing IV antibiotics), kidney disease, head injury, autoimmune disease, or severe viral infections, TMJ disorder (or teeth clenching/grinding).

I have taken the following medications: diuretics, such as Lasix; antibiotics such as erythromycin, gentamycin, or vancomycin; cancer chemotherapy; malaria medications; high doses of aspirin, or other medications that appeared to cause my tinnitus.

I am anxious because of my tinnitus: true/false.

I feel nervous, anxious or on edge: not at all, sometimes, most of the time.

I have trouble relaxing: not at all, sometimes, most of the time.

I also have noticed: ear pain, hearing loss, fullness in the ear(s), balance problems or vertigo.

I sleep poorly: true/false; and if so, the tinnitus makes me sleep poorly: true/false.

I feel tired or have little energy: not at all, several days/month, most of the time.

I am depressed because of my tinnitus: true/false.

I feel down, depressed or hopeless: not at all, several days/month, most of the time.

I feel bad about myself: not at all, several days/month, most of the time.