

SECTION I: TINNITUS CASE HISTORY

Please select the answer or provide information on the following regarding your tinnitus:

1. Do you have a family history of tinnitus complaints?					
No	Yes	If yes:	Parents	Siblings	Other relatives

2. Initial onset: How long have you had tinnitus? Please circle answer				
0-6 months	6-12 months	1-2 years	2-5 years	Over 5 years

3. How was the initial onset of tinnitus?		Gradual	Abrupt
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4. Was the initial onset of your tinnitus related to any of the following? (You may choose more than one)						
Loud blast of sound(s)	Change in hearing	Whiplash or neck pain	Stress	Traumatic event	Head trauma	Following illness
Side effect to medication	Dental treatment	Occupation contributed, such as musician, army, diver etc		Unknown::		
Other (please list):						

5. Where do you perceive your tinnitus most of the time?				
Right ear	Left ear	Both ears	Inside the head	

6. How often is your tinnitus present?		Some of the time	All of the time
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7. Does the LOUDNESS or PITCH of your tinnitus fluctuate?		Yes	No
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8. Describe the LOUDNESS of your tinnitus using a scale from 1-5. (1 being the lowest, 5 being the highest):				
1	2	3	4	5

9. What does your tinnitus sound like? (You may choose more than one option):						
Hissing	Ringing	Pulsing	Buzzing	Clicking	Cracking	Humming
Popping	Roaring	Rushing	Typewriter	Whistling	Whooshing	Crickets
Tonal (like a dial tone or other kinds of tones)		Other (please describe)				

10. What is the PITCH of your tinnitus?		
High frequency	Medium frequency	Low frequency

11. Who first diagnosed your tinnitus?		
Yourself	GP	Audiologist
Ear Nose and Throat specialist	Natural Health Practitioner (e.g. Naturopath etc)	Psychologist
Other (please list):		

12. Was treatment offered with this diagnosis?			
No	Yes	If yes, what was offered?	

13. How many different treatments have you tried because of your tinnitus?				
None	One	Between 2 to 5	Between 5 and 10	More than 10

14. Is your tinnitus reduced by music or by certain types of environmental sounds such as a waterfall or when you are in the shower?		
Yes	No	I don't know

15. Does loud noise make your tinnitus worse?		
Yes	No	I don't know

16. Does any head and neck movement (e.g. moving the jaw forward or clenching the teeth) affect your tinnitus?

Yes	No	I don't know
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17. Is your tinnitus worse when you are tired?

Yes	No	I don't know
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18. Does stress influence your tinnitus?

Worsens my tinnitus	Reduces my tinnitus	Has no effect
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19. Are you currently on medication?

No	Yes	If 'Yes' you have the option of listing the medications you are on and the effects they have on your tinnitus	
		Medication	Effect/Other details

20. Has your tinnitus ever affected your concentration?

Yes	No
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21. Have you been diagnosed with a hearing problem?

Yes	No	If yes, which ear:	Left	Right	Both

22. Have you been diagnosed with Ménière's disease?

Yes	No	I don't know
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23. Do you have a problem tolerating sounds because they often seem much too loud?

Never	Rarely	Sometimes	Usually	Always
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24. Have certain sounds caused you pain or physical discomfort?

Never	Rarely	Sometimes	Usually	Always
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25. Do you suffer from headache or migraines?

Never	Rarely	Sometimes	Usually	Always
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26. Do you suffer from vertigo or dizziness?

Never	Rarely	Sometimes	Usually	Always
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27. Do you suffer from temporomandibular (TMJ) disorder?

Yes	No	I don't know
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28. Have you ever suffered any of the following?

Post traumatic stress disorder	Depression	Anxiety	
Chronic stress	A traumatic event or events that affected your health	Chronic pain	None of the above

29. Are you currently having psychological treatment i.e. therapy or medication for a diagnosed mental condition?

Yes	No
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SECTION 2: Tinnitus Reaction

This section of the questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer all questions by circling the number that best reflects how your tinnitus has affected you over the past week.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4

Section 3: Support and adjustment

Please read each question carefully, and circle the most correct answer.

1. How often does your *tinnitus* affect the things you do?

Frequently or All of the time	About half the time	Occasionally	Rarely	Never
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2. How much does your *tinnitus* affect your overall life?

Not at all affected	Very slightly affected	Slightly affected	Moderately affected	Greatly affected
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3. Which of the following statements best describes your view of the future?

Optimistic	A little Optimistic	Can't decide	A little pessimistic	Pessimistic
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4. As a result of your *tinnitus*, how often do you feel embarrassment when with a group of people?

Frequently or All of the time	About half the time	Occasionally	Rarely	Never
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5. Is your self-confidence affected by your *tinnitus*?

Not at all affected	Very slightly affected	Slightly affected	Moderately affected	Greatly affected
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6. How often does any difficulty with your *tinnitus* affect how you deal with company?

Never	Rarely	Occasionally	About half the time	Frequently or all of the time
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7. How much support do you have from your friends (in regards to your *tinnitus*)?

A great deal of support	A good deal of support	Quite a lot of of support	Some support	Little or no support
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8. How often do you consult your family doctor for any reason?

Seven or more times a year	Five or six times a year	Three or four times a year	Once or twice a year	Never
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9. How often does any difficulty with your *tinnitus* affect how confident you are about job opportunities?

Never	Rarely	Occasionally	About half the time	Frequently or All of the time
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10. How often does any difficulty with your *tinnitus* make you feel self-conscious?

Frequently or all of the time	About half the time	Occasionally	Rarely	Never
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11. How many people really care about you (in regards to your *tinnitus*)?

More than six people	Five or six people	Three or four people	One or two people	None	Not applicable
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12. If there is a cold or infection going around, how often do you usually catch it?

Frequently or All of the time	About half the time	Occasionally	Rarely	Never
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13. How often do you have to take medicine for any reason?

Frequently or All of the time	About half the time	Occasionally	Rarely	Never
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14. Does any difficulty with your *tinnitus* affect the way you feel about yourself?

Feelings never affected	Feelings very slightly affected	Feelings slightly affected	Feelings moderately affected	Feelings greatly affected
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15. How much support do you have from your family (in regards to your *tinnitus*)?

A great deal of support	A good deal of support	Quite a lot of support	Some support	Little or no support
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16. How often are you inconvenienced by your *tinnitus*?

Daily	One or two times a week	One or two times a month	Less than 6 times a year	Never
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17. How often do you participate in social activities?

More than 3 times a day	Once or twice a day	Once or twice a week	Once or twice a month	Less than 3 times a month
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18. How often do you feel inclined to withdraw from social situations?

Frequently or All of the time	About half the time	Occasionally	Rarely	Never
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