

Tinnitus History Questionnaire

| Name: | Date of Birth: | | | | | |
|---|----------------------------|--------------------------|-----------------------------|--|--|--|
| ate: Nature of the Tinnitus How does the tinnitus sound? | | | | | | |
| Usual site of the tinnitus? (Please circle the correct site) Is the cinnitus constant or intermittent? | Left =Right | Left worse than Right | Right worse than Left | Central | | |
| Does the tinnitus fluctuate in ntensity? What makes your tinnitus worse? | | | | | | |
| What makes your tinnitus petter? | | | | | | |
| Finnitus History When did you first become aware of your tinnitus? | | | | | | |
| When did your tinnitus first become disturbing? | | | | | | |
| Under what circumstances did the tinnitus start? | | | | | | |
| What do you consider to have started the tinnitus? | | | | | | |
| Who have you consulted about your tinnitus? | | | | | | |
| Vhat have previous professionals aid your tinnitus is due to? | | | | | | |
| /hat treatments have you tried for y | your tinnitus? | | | | | |
| None TRT Other - please | Hearir Couns comment | - | Masker Music Therapy | | | |
| How successful did you find these to | reatments? | | | | | |
| Amherst Orchard Park 4600 Main St., Ste. 201 4063 N. Buffalo Rd., Ste. Amherst, NY 14226 Orchard Park, NY 14127 | www.HESofB (716) 833 | | Sheridan Dr., Ste. 5 2733 V | Williamsville Vehrle Dr., Ste. 200 msville, NY 14221 | | |

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|------|------|-------|
| Have | /011 | ever? |
| nave | 100 | CVCI. |

Been exposed to gunfire or explosion

Attended loud events e.g. music concerts or clubs Had any noisy jobs Had any noisy hobbies or home activities

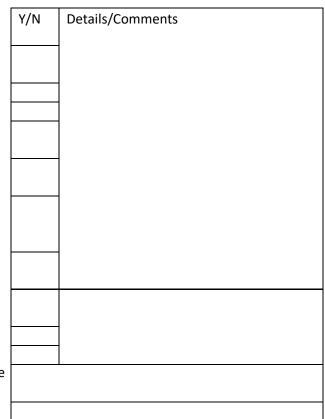
Had any head injuries or concussion

Had any operations involving your ear or head

Taken any of the following medications: Quinine, Quindidine, Streptomycin, Kantamycin, Dihydrostreptomycin, Neomycin Used solvents, thinners or alcohol based cleaners?

Do you?

Have loose dentures, jaw pain or grinding and clicking sensations in the jaw Regularly take aspirin or dispirin Have any feelings of ear pressure or blockage Do you find exposure to moderately loud sounds make your tinnitus worse? What is your current occupation?



General Hearing Problems

Do you have any difficulties hearing when there is background noise? Do you have difficulties understanding in one-to-one conversations?

Do you have difficulties hearing the TV?

Do you have difficulties hearing on the telephone?

Do you have any dizziness or balance problems?

Do you find external sounds unpleasant or uncomfortable?

Do you dislike certain external sounds? Do you wear ear protection/ ear plugs?

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

| Y/N | Details/Comments |
|-----|------------------|
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| Hearing Loss |
|----------------------------|
| Tinnitus |
| Sensitivity to Loud Sounds |

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act of the Tinnit

| Effect of the Tinnitus | | Details/Comm | nents | |
|--|------------|-----------------|--|---------------------------|
| - Over the past week, what percentage of the | % | | | |
| time you were awake were you aware of your | | | | |
| tinnitus (e.g. 100% aware all the time, 25% | | | | |
| aware ¼ or the time)? | | | | |
| What percentage of the time was it | % | | | |
| disturbing? | | | | |
| - Does your tinnitus prevent you from | | | | |
| getting to sleep at night? Y/N | | | | |
| - How many times per night did you | | | | |
| awake in the last week? | | | | |
| | | | | |
| How has tinnitus affected your work life? | | | | |
| | | | | |
| How has tinnitus affected your home life? | | | | |
| now has dimitas directed your nome me. | | | | |
| | | | | |
| How has tinnitus affected your social | | | | |
| activities? | | | | |
| | | | | |
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| | | | | |
| General Health | | | | |
| What is your general health like? | | | | |
| | | | | |
| | | | | |
| Are you taking any medications? (If yes, please | | | | |
| specify) | | | | |
| Compensation | | | | |
| Are you currently pursuing any form of compens. | ation sick | ness henefit D | WA mot | or vehicle accident claim |
| or any other legal action in relation to your tinnit | | | <i>w</i> , , , , , , , , , , , , , , , , , , , | |
| , , , | | | Y/N | |
| Medical Contact Details | | | , | |
| Name and Address of GP | | | | |
| | | | | |
| Name and Address of ENT | | | | |
| | | | | |
| I give consent to release results to my | | signed | | data |
| GP/ENT | | signed | | date |
| Is there anything else you would like to add that | might he i | relevant to unc | lerstandi | ng what caused your |
| tinnitus? | | | | |

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