HEARING of AMERICA
To Hear, To Enjoy

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BBB ACCREDITED BUSINESS

PATIENT **TINNITUS** HISTORY

Name: _____ Today's Date: _____/_____/_____

First   M.I.   Last   Month / Day / Year

Please answer the following questions to help us understand your tinnitus symptoms (ringing in your ears):

1. When did you first notice tinnitus?

   ☐ Recently ☐ 1-3 years ☐ 4-10 Years ☐ More than 10 Years

2. In which ear do you think you have tinnitus?.. ☐ Left ☐ Right ☐ Both

   - If both, which ear do you think has worse tinnitus?............................. ☐ NO ☐ YES

3. Did you see a physician for medical evaluation and treatment for tinnitus? .. ☐ NO ☐ YES

4. Do you know the cause of your tinnitus? .... ☐ NO ☐ YES

   - If YES, please describe: _____

5. Do you have trouble **concentrating** due to tinnitus? .... ☐ NO ☐ YES

6. Do you have difficulty **sleep** because of tinnitus? .... ☐ NO ☐ YES

7. How do you describe your tinnitus **type(s)**? (check all that apply)

   ☐ Ringing ☐ Chirping ☐ Clicking ☐ Pulsating ☐ Buzzing ☐ Roaring

   ☐ Whistling ☐ Hissing ☐ Beeping ☐ Humming ☐ Sizzling ☐ Pounding

   ☐ Clear tone ☐ More than one tone ☐ Different types of noises at the same time

   ☐ Sudden ☐ Continuous ☐ Other_____

8. How do you describe your tinnitus in terms of **pitch**?

   ☐ Low pitch ☐ Mid pitch ☐ High pitch ☐ Pitch changes from time to time

9. How do you describe your tinnitus in terms of **intensity**?

   ☐ Soft ☐ Medium ☐ Loud ☐ Intensity changes from time to time

10. What is your **emotion** toward your tinnitus?

    ☐ Curious ☐ Distressed ☐ Concerned ☐ Adaptation ☐ Other:_____

11. **How often** does your tinnitus occur?

    ☐ A few times a month ☐ A few times a week ☐ A few times a day ☐ Many times a day

12. **How long** does your tinnitus last?

    ☐ A few moments ☐ A few hours ☐ Constant ☐ Varies from a few minutes to whole day

13. What else can you tell us about your tinnitus?

PATIENT TINNITUS HANDICAP INVENTORY

Name: _____ Date:_____/_____/_____
      First   Last   Month / Day / Year

- This form is to identify problems your tinnitus may be causing you.
- To fill out the questionnaire, please check the corresponding box for each question.

		Yes 4	Sometimes 2	No 0
F1	Because of your Tinnitus, is it difficult for you to concentrate?			
F2	Does the loudness of your Tinnitus make it difficult for you to hear people?			
E3	Does your Tinnitus make you angry?			
F4	Does your Tinnitus make you confused?			
C5	Because of your Tinnitus are you desperate?			
E6	Do you complain a great deal about your Tinnitus?			
F7	Because of your Tinnitus do you have trouble falling to sleep at night?			
C8	Do you feel as though you cannot escape your Tinnitus?			
F9	Does your Tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the cinema)?			
E10	Because of your Tinnitus do you feel frustrated?			
C11	Because of your Tinnitus do you feel that you have a terrible disease?			
F12	Does your Tinnitus make it difficult to enjoy life?			
F13	Does your Tinnitus interfere with your job or household responsibilities?			
F14	Because of your Tinnitus do you find that you are often irritable?			
F15	Because of your Tinnitus is it difficult for you to read?			
E16	Does your Tinnitus make you upset?			
E17	Do you feel that your Tinnitus has placed stress on your relationships with members of your family and friends?			
F18	Do you find it difficult to focus your attention away from your Tinnitus and on to other things?			
C19	Do you feel that you have no control over your Tinnitus?			
F20	Because of your Tinnitus do you often feel tired?			
E21	Because of your Tinnitus do you feel depressed?			
E22	Does your Tinnitus make you feel anxious?			
C23	Do you feel you can no longer cope with your Tinnitus?			
F24	Does your Tinnitus get worse when you are under stress?			
E25	Does your Tinnitus make you feel insecure?			
	TOTAL POINTS (ADD THE NUMBERS IN THE EACH COLUMN):			

Grade 1: (0-16)   –Slight: Only heard in a quiet environment
Grade 2: (18-36) –Mild: Easily masked by environmental sounds and easily forgotten with activities.
Grade 3: (38-56) –Moderate: Noticed in presence of background noise, daily activities can still be performed.
Grade 4: (58-76) –Severe: Almost always heard, disturbed sleep patterns and can interfere with daily activities.
Grade 5: (78-100) –Catastrophic: Always heard, disturbed sleep patterns, difficulty with any activities.