Allergy Ear Nose & Throat INSTITUTE
EXCELLENCE SINCE 1992

DALE B. SMITH, D.O.
TIMOTHY W. TEEL, D.O.
LONNIE SCHOLL, P.A.-C
MICHELE L. ROGERS, Au.D.

4920 SW Lee Blvd, Lawton, OK 73505 (580) 536-8844
1015 E. Broadway, Ste. 103, Altus, OK 73521 (580) 477-1033

TINNITUS HISTORY QUESTIONNAIRE

NAME: **AGE:** **M / F** **DATE:**

INITIAL ONSET: When did you *first* notice your tinnitus?

How did you perceive the onset: ❑ Gradual ❑ Abrupt

When did your tinnitus first become *disturbing* ?

Was the INITIAL onset of your tinnitus related to:

❑ loud blast of sound ❑ whiplash ❑ accident ______________________
❑ head trauma ❑ change in hearing ❑ illness ________________________
❑ ear infection ❑ stress ❑ other _________________________

Where do you perceive your tinnitus:

❑ right ear ❑ left ear ❑ both ears, worse in left
❑ both ears, equally ❑ inside head ❑ both ears, worse in right

How does your tinnitus manifest itself over time? ❑ intermittent ❑ constant

Does the LOUDNESS of your tinnitus vary from day to day? ❑ YES ❑ NO

Describe the LOUDNESS of your tinnitus using a scale from 1-100 *(1=VERY FAINT; 100- VERY LOUD)*

_________________ (1 - 100)

Does your tinnitus seem to PULSATE: ❑ YES with heart beat ❑ NO
❑ YES different from heart beat

Does your tinnitus sound like any of the following:

❑ high pitched tone ❑ running water ❑ humming ❑ air rushing
❑ low pitched tone ❑ ringing ❑ roaring ❑ freight train
❑ medium pitched tone ❑ popping ❑ whistling ❑ buzzing
❑ crickets / locusts ❑ crackling ❑ whooshing ❑ typewriter
❑ rushing noise ❑ pulsing ❑ hissing ❑ clicking

What makes your tinnitus *worse?*

What makes your tinnitus *better?*

PLEASE CONTINUE ON TO PAGE 2

Do any of the following change your tinnitus?

- ❑ stress makes it ❑ worse ❑ better
- ❑ sleep makes it ❑ worse ❑ better
- ❑ loud noise makes it ❑ worse ❑ better
- ❑ music makes it ❑ worse ❑ better
- ❑ sounds around you make it ❑ worse ❑ better
- ❑ turning your head/neck makes it ❑ worse ❑ better

Have you ever been exposed to the following loud situations:

❑ gunfire	❑ farm equipment	❑ vaccuums	❑ other________
❑ explosion	❑ concerts	❑ car races	❑ other________
❑ construction	❑ musical instruments	❑ machinery	❑ other________

What professionals have you seen for your tinnitus prior to today?

What have professionals said have caused your tinnitus?

What treatments have you tried for your tinnitus:

❑ None	❑ Hearing aid(s)	❑ Masker
❑ Tinnitus Retraining Therapy	❑ Counseling	❑ Music Therapy
❑ Other _____________________		

How successful did you find these treatments?

❑ Very successful	❑ Somewhat successful
❑ No benefit	❑ Made tinnitus worse

Have you taken any of the following medications:

❑ Quinine	❑ Asprin	❑ Recreational drugs
❑ Medication ending in "-mycin"	❑ Chemotherapy	❑ Intravenous Antibiotics

Have you used solvents, thinners or alcohol based cleaners? ❑ YES ❑ NO

Do any of the following apply to you:

❑ have loose dentures	❑ jaw grinding	❑ chew gum	❑ headaches
❑ ear pain ❑ *right* ❑ *left*	❑ jaw clenching	❑ chew ice	❑ TMJ
❑ ear fullness ❑ *right* ❑ *left*	❑ neck pain	❑ dizziness	❑ jaw pain

Do you have any of the following in your diet?

❑ caffeine How much? _________________ Per ❑ day ❑ week

❑ alcohol Type? ❑ liquor ❑ wine ❑ beer
How much? _________________ Per ❑ day ❑ week

❑ salt / sodium

❑ artificial sweeteners (i.e. Sweet-N-Low, Nutrasweet, Splenda, Equal)

PLEASE CONTINUE ON TO PAGE 3

Do you use *tobacco* products? ❑ YES ❑ NO

What type? ❑ snuff ❑ cigars ❑ cigarettes ❑ chewing tobacco

Do you have *high blood pressure* ? ❑ YES ❑ NO

Are you receiving ❑ Monitoring by physician ❑ Medicinal treatment

Are you currently under treatment for psychiatric problems? ❑ YES ❑ NO

❑ Depression
❑ Anxiety / Paronoia
❑ Obsessive-Compulsive Disorder
❑ Schizophrenia
❑ Addiction (i.e. gambling, shopping, etc)
❑ Dissociative Identity/Multiple Personality Disorder
❑ Bipolar Disorder
❑ Post-Traumatic Stress Disorder
❑ Attention Deficit Disorder
❑ Anorexia / Bulimia
❑ Substance Abuse

Do you have a *hearing problem* ? ❑ YES ❑ NO

❑ right ear
❑ left ear
❑ both ears, equally
❑ both ears, worse in left
❑ both ears, worse in right

Have you worn *hearing aids* in the PAST? ❑ YES ❑ NO
❑ right ❑ left

Do you CURRENTLY wear *hearing aids* ? ❑ YES ❑ NO
❑ right ear ❑ left ear

Do your hearing aids change your tinnitus? ❑ YES ❑ NO
❑ makes tinnitus louder ❑ makes tinnitus quieter

What is your OCCUPATION?

Are you exposed to NOISE at your *job* ? ❑ YES ❑ NO

Are you exposed to NOISE during your *recreational / lesuire* activites? ❑ YES ❑ NO
Please explain:

How has your tinnitus affected your WORK life?

How has your tinnitus affected your HOME life?

How has your tinnitus affected your SOCIAL activities?

Are you currently pursuing any form of compensation, sickness benefit, DVA, motor vehicle accident claim or any other LEGAL action in relation to your TINNITUS?
❑ YES ❑ NO
Please Explain: