

TINNITUS INTAKE FORM

Name: _____ Age: _____ Date: ____/____/____

Referred by: _____

Daytime phone: _____ Home phone: _____

- When did you first experience tinnitus? _____
- How long have you had tinnitus in its present form? _____ years _____ months
- Briefly describe what you were doing when the tinnitus first became apparent to you:

- Were you experiencing any kind of emotional trauma at the time when you first noticed your tinnitus?

- What do you think is the cause of your tinnitus?

- Where is your tinnitus primarily located?

Left ear Right ear Both ears equally Head

Other (please explain): _____

- Using the scale below, indicate the LOUDNESS of:

A) Your tinnitus right now _____ B) Your average tinnitus _____

C) Your tinnitus at its worst _____ D) Your tinnitus at its least _____

0 1 2 3 4 5 6 7 8 9 10
None Mild Moderate Severe Excruciating

- Using the scale below, indicate the PITCH of your tinnitus:
(It might help to imagine the scale as if it were a piano keyboard.)

0	1	2	3	4	5	6	7	8	9	10
Low pitch			Mid pitch				High pitch			

- The loudness of your tinnitus is (check one):

- fairly constant from day to day
- fluctuates widely, being very loud some days and very mild other days
- usually constant, but occasionally decreases markedly
- usually constant, but occasionally increases markedly

- Does your tinnitus appear worse:

- when tired when tense or nervous
- at bedtime after use of alcohol
- upon awakening when relaxed

- Check all items below which describe the sound of your tinnitus:

- Hissing Ringing Cricket-like Whistle
- Steam whistle Pounding Pulsating Bells
- Clanging Buzzing Sizzling Ticking
- Ocean roar High tension wire Other: _____

- To what extent are you bothered or annoyed by your tinnitus?

0	1	2	3	4	5	6	7	8	9	10
Not bothered		Mild		Moderate		Severe		Extreme		

• When are you aware of your tinnitus? _____

• What percentage of the time are you bothered by your tinnitus? _____

• Is there any time during the day when your tinnitus is most troublesome to you?

At work

In morning

In evening

When trying to concentrate

At social activities

Around noise

Other: _____

• Do you consider yourself to be a tense person? _____

• Do you feel that emotional or physical stress worsens the tinnitus? _____

• Please tell us how your tinnitus interferes with your activities:

Concentration _____

Work/Chores _____

Family _____

Religious activities _____

Social/Recreation _____

Exercise _____

Sleep _____

• Does the tinnitus prevent you from falling asleep? _____

• Does the tinnitus awaken you from sleep? _____

• Are you able to fall back asleep, once awakened? _____

Other: _____

- Do you have a hearing loss? Yes No
- Which is more of a problem for you, the hearing difficulty or your tinnitus?
 Hearing difficulty Tinnitus Not sure
- Have you been exposed to loud noise? Yes No
 If so, when? Military service Work Recreation

Other: _____

- Do you wear ear protection in the presence of loud sounds?
 Yes No
- Have you ever worn a hearing aid? Yes No
 If yes, do you currently wear it (them)? Yes No
- If you are a hearing aid user, how does the aid affect your tinnitus?
 Makes tinnitus softer Makes tinnitus louder No effect
- Are you adversely affected by loud sounds? Yes No

Please explain: _____

- How would your life be different if you didn't have tinnitus?

- Have you discussed your tinnitus with friends or family members? Yes No
 What was their reaction?

- Are there other members of your family or friends who suffer from tinnitus? Yes No
- Do you live alone? Yes No

TREATMENT HISTORY

- Please list all evaluations and/or treatments (including psychiatric or psychologic) you have had for your tinnitus. Please include the names of the specialists who have performed evaluations or treatments, and the approximate dates on which they were performed, using the reverse side, if necessary.

Provider	What was done?	Date	Result
1.			
2.			
3.			
4.			
5.			

- Please list any surgeries you have had (potentially related to your current symptom of tinnitus):

- Please list the medications you are currently taking for tinnitus:

Medication	Dose	How often?	Does it help?	Doctor
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

- What other medications have you tried in the past for tinnitus relief?

Medication	Dose	How often?	Does it help?	Stopped (Why?)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Please list all other medications you currently take:

Medication	Dose	How often?	Purpose?	Doctor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Using the number codes below, please indicate the results of those treatments you have tried for your tinnitus. If you have not tried a given treatment, please place an "NA" in the blank for that treatment.

- 1 = Major relief
- 2 = Some relief
- 3 = No relief
- 4 = Some relief with bad side effects
- 5 = Tinnitus worse
- NA = Not applicable, treatment not tried

- _____ Surgery
- _____ Acupuncture
- _____ Drug therapy
- _____ Massage
- _____ Hearing aids
- _____ Homeopathy
- _____ Masking therapy
- _____ Biofeedback
- _____ Physical therapy
- _____ Chiropractic
- _____ Antidepressants
- _____ Relaxation training or hypnosis
- _____ Exercise program
- _____ Psychotherapy or other counseling
- _____ Dental
- _____ Dietary Management or nutrition counseling

Other: _____

- Are you employed? _____ No. of hours per week _____
- What is your occupation? _____
- Are you satisfied? _____
- If not employed, is your unemployment due to tinnitus? _____

- Do you have any ear, nose or throat diseases?

- Do you have any other diseases that affect you in your daily life?

- Any other issues you would like us to know about?
