UNIVERSITY OF THE
PACIFIC
Hearing and
Balance Center

Tinnitus Intake Form

Patient Name _____ Date _____
First Last MI

PLEASE ANSWER THE FOLLOWING GROUPS OF QUESTIONS

Have you ever	
Had any noisy jobs?	☐ Yes ☐ No
Had any noisy hobbies or home activities?	☐ Yes ☐ No
Used solvents, thinners or alcohol based cleaners?	☐ Yes ☐ No
Taken any of the following medication: Quininne, Quindidine, Streptomycin, Kantamycin, Dihydrostreptomycin, Neomycin	☐ Yes ☐ No
Do you	
Have loose dentures, jaw pain or grinding or clicking sensation in the jaw?	☐ Yes ☐ No
Regularly take aspirin or dispirin?	☐ Yes ☐ No
Have any feelings of ear pressure or blockage?	☐ Yes ☐ No
General hearing problems	
Do you have any difficulties hearing when there is background noise?	☐ Yes ☐ No
Do you have difficulties understanding one-to-one conversations?	☐ Yes ☐ No
Do you have difficulties hearing the TV?	☐ Yes ☐ No
Do you have difficulties hearing on the telephone?	☐ Yes ☐ No
Do you find external sounds unpleasant or uncomfortable?	☐ Yes ☐ No
If so, please list:	
Do you wear ear protection / ear plugs?	☐ Yes ☐ No
If so, how often and under what circumstances?	
Affect of your tinnitus	
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 - 1/4 of the time)	%
What percentage of the time was it disturbing?	%

Rank the percentage (%) of time you are aware of the your tinnitus in the following situations (1-100%)


SLEEP _____%


QUIET ROOM _____%


SMALL CONVERSATION _____%


AT WORK _____%


OUTDOORS _____%


IN CROWDS _____%

In which ear does your tinnitus occur? ☐ Left ☐ Right ☐ Both ☐ Worse Right ☐ Worse Left

Is your tinnitus constant or intermittent? _____

Does your tinnitus fluctuate in intensity or loudness? _____

What makes your tinnitus worse? _____

What makes your tinnitus better? _____

Does you tinnitus prevent you from getting to sleep at night? ☐ Yes ☐ No

Do you find exposure to moderately loud sounds make your tinnitus worse? ☐ Yes ☐ No

Does your tinnitus affect your sleep? ☐ Yes ☐ No

How has tinnitus affected your work life?

How has tinnitus affected your home life?

How has tinnitus affected your social activities?

TINNITUS HISTORY

When did you first become aware of your tinnitus and what do you consider to have first started your tinnitus?

When did your tinnitus first become disturbing?

_____

Who have you consulted about your tinnitus? _____

What have you been told about your tinnitus? _____

What treatments have you tried for your tinnitus? ☐ None ☐ TRT ☐ Hearing Device ☐ Counseling ☐ Masker ☐ Music Therapy ☐ Other please comment _____

How successful did you find these treatments? _____

_____

Please rank the auditory problems you experience: Not very troublesome (1) to very troublesome (10)

_____ Hearing _____ Tinnitus _____ Sensitivity to loud sounds