

TINNITUS HISTORY

Name: _____ Date: _____

Address: _____

Date of birth: _____ Phone: () _____ () _____

Home Work

Male Female / Single Married Divorced Separated Widowed

Highest level of education completed:
 8th grade or less High school Vocational training College Graduate School

Occupation: _____ Spouse's name: _____

Referred to clinic by:

- Primary physician _____
- ENT or Otologist _____
- Audiologist _____
- Relative/friend _____
- Other _____

1. Grade the severity of each of the following conditions based on a scale of 0 to 10 (a "10" being the worst). Circle your answer and please circle "0" if it does not apply.

Hearing loss	0	1	2	3	4	5	6	7	8	9	10
Tinnitus ¹	0	1	2	3	4	5	6	7	8	9	10
Hyperacusis ²	0	1	2	3	4	5	6	7	8	9	10
Depression	0	1	2	3	4	5	6	7	8	9	10

2. Grade the **overall** loudness of your **most troublesome** tinnitus – using a "0" to "10" scale ("10" being the loudest).

0	1	2	3	4	5	6	7	8	9	10
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3. If you have tinnitus, grade the influence tinnitus has on your life - using a "0" to "10" scale ("10" being completely ruined).

0	1	2	3	4	5	6	7	8	9	10
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4. If you have hyperacusis, grade the influence hyperacusis has on your life - using a "0" to "10" scale ("10" being completely ruined).

0	1	2	3	4	5	6	7	8	9	10
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5. What portion of your waking hours **on average** are you **aware** of your tinnitus, even if you do not purposely listen for it?

- Less than 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

Some items on this Intake Form were adapted with permission from the work of the University of Maryland School of Medicine Tinnitus and Hyperacusis Center and the Oregon Hearing Research Center.