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### **Tinnitus Assessment**

An appointment has been made for you to have an assessment of your tinnitus.

Name: \_\_\_\_\_

Acct# \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Tinnitus is the perception of sound in the ears or head when no external source is present. It is often described by patients as "ringing in the ears". There are as many as 50 million people in the United States affected by this phenomenon. Tinnitus can negatively impact a person's life by leading to health problems such as anxiety, depression, sleep deprivation, and stress. Currently there is no cure for tinnitus but, there are options for treating and managing your tinnitus.

**Please bring the following completed questionnaires to your scheduled appointment.**

This information will assist our audiologist in assessing your tinnitus and recommending the most appropriate treatment/management for you.

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### Tinnitus Reaction Questionnaire (TRQ)

Name \_\_\_\_\_

Date Completed: \_\_\_\_\_

This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer all questions by circling the number that best reflects how your tinnitus has affected you over the past week.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total					

Wilson et al. 1991

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**Tinnitus History Questionnaire**

Name:  
DOB:

Date Completed:

**Nature of the Tinnitus**

How does the tinnitus sound?

Usual site of the tinnitus?  
(Please circle the correct site)

Left =Right

Left worse  
than Right

Right worse  
than Left

Central

Is the tinnitus constant or  
intermittent?

Does the tinnitus fluctuate in  
intensity?

What makes your tinnitus  
worse?

What makes your tinnitus  
better?

**Tinnitus History**

When did you first become  
aware of your tinnitus?

When did your tinnitus first  
become disturbing?

Under what circumstances did  
the tinnitus start?

What do you consider to have  
started the tinnitus?

Who have you consulted  
about your tinnitus?

What have previous  
professionals said your tinnitus  
is due to?

What treatments have you tried for your tinnitus?

☐  
☐  
☐

None

TRT

Other - please comment

☐  
☐

Hearing Aid

Counselling

☐  
☐

Masker

Music Therapy

How successful did you find  
these treatments?

## Tinnitus History Questionnaire

Name

DOB

Date Completed

Have you ever?

Y/N Details/Comments

Been exposed to gunfire or explosion

Attended loud events e.g. music concerts or clubs

Had any noisy jobs

Had any noisy hobbies or home activities

Had any head injuries or concussion

Had any operations involving your ear or head

Taken any of the following medications:

Quinine, Quindidine, Streptomycin,

Kanamycin, Dihydrostreptomycin, Neomycin

Used solvents, thinners or alcohol based cleaners?

Do you?

Have loose dentures, jaw pain or grinding and clicking sensations in the jaw

Regularly take aspirin or dispirin

Have any feelings of ear pressure or blockage

Do you find exposure to moderately loud sounds make your tinnitus worse?

What is your current occupation?

### General Hearing Problems

Y/N Details/Comments

Do you have any difficulties hearing when there is background noise?

Do you have difficulties understanding in one-to-one conversations?

Do you have difficulties hearing the TV?

Do you have difficulties hearing on the telephone?

Do you have any dizziness or balance problems?

Do you find external sounds unpleasant or uncomfortable?

Do you dislike certain external sounds?

Do you wear ear protection/ ear plugs?

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

Hearing Loss

Tinnitus

Sensitivity to Loud Sounds

# Tinnitus History Questionnaire

Name

DOB

Date Completed

## Effect of the 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 ¼ or the time)?
- What percentage of the time was it disturbing?
- Does your tinnitus prevent you from getting to sleep at night? Y/N
- How many times per night did you awake in the last week?
- How has tinnitus affected your work life?

## Details/Comments

%	
%	

- How has tinnitus affected your home life?

- How has tinnitus affected your social activities?

## General Health

What is your general health like?

Are you taking any medications? (If yes, please specify)

## Compensation

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?

Y/N

## Medical Contact Details

Name and Address of GP

Name and Address of ENT

I give consent to release results to my GP /ENT

signed

date

Is there anything else you would like to add that might be relevant to understanding what caused your tinnitus?

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Hospital Anxiety and Depression Scale (HADS)

Answer the question as how you would currently describe your feelings.  
Circle the number in the right column. Bring this completed form to your appointment.

<b>1A</b>	<b>I feel tense or 'wound up':</b>	
	Most of the time	<b>3</b>
	A lot of the time	<b>2</b>
	From time to time, occasionally	<b>1</b>
	Not at all	<b>0</b>

<b>2D</b>	<b>I still enjoy the things I used to enjoy:</b>	
	Definitely not as much	<b>0</b>
	Not quite as much	<b>1</b>
	Only a little	<b>2</b>
	Hardly at all	<b>3</b>

<b>3A</b>	<b>I get a sort of frightened feeling as if something awful is about to happen:</b>	
	Very definitely and quite badly	<b>3</b>
	Yes, but not too badly	<b>2</b>
	A little, but it doesn't worry me	<b>1</b>
	Not at all	<b>0</b>

<b>4D</b>	<b>I can laugh and see the funny side of things:</b>	
	As much as I always could	<b>0</b>
	Not quite so much now	<b>1</b>
	Definitely not so much now	<b>2</b>
	Not at all	<b>3</b>



<b>5A</b>	<b>Worrying thoughts go through my mind:</b>	
	A great deal of the time	3
	A lot of the time	2
	From time to time, but not too often	1
	Only occasionally	0

<b>6D</b>	<b>I feel cheerful:</b>	
	Not at all	3
	Not Often	2
	Sometimes	1
	Most of the time	0

<b>7A</b>	<b>I can sit at ease and feel relaxed:</b>	
	Definitely	3
	Usually	2
	Not Often	1
	Not at all	0

<b>8D</b>	<b>I feel as I am slowed down:</b>	
	Nearly all of the time	3
	Very often	2
	Sometimes	1
	Not at all	0

<b>9A</b>	<b>I get a sort of frightened feeling like "butterflies" in the stomach:</b>	
	Not at all	3
	Occasionally	2
	Quite Often	1
	Very Often	0

<b>10D</b>	<b>I have lost interest in my appearance:</b>	
	Definitely	<b>3</b>
	I don't take as much care as I should	<b>2</b>
	I may not take quite as much care	<b>1</b>
	I take just as much care as ever	<b>0</b>

<b>11A</b>	<b>I feel restless as I have to be on the move:</b>	
	Very much indeed	<b>3</b>
	Quite a lot	<b>2</b>
	Not very much	<b>1</b>
	Not at all	<b>0</b>

<b>12D</b>	<b>I look forward with enjoyment to things:</b>	
	As much as I ever did	<b>3</b>
	Rather less than I used to	<b>2</b>
	Definitely less than I used to	<b>1</b>
	Hardly at all	<b>0</b>

<b>13A</b>	<b>I get sudden feelings of panic:</b>	
	Very often indeed	<b>3</b>
	Quite often	<b>2</b>
	Not very often	<b>1</b>
	Not at all	<b>0</b>

<b>14D</b>	<b>I can enjoy a good book or radio or TV program:</b>	
	Often	<b>3</b>
	Sometimes	<b>2</b>
	Not often	<b>1</b>
	Very seldom	<b>0</b>

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Audiologist portion

Score for A: \_\_\_\_\_

Score for D: \_\_\_\_\_