

Tinnitus and Hearing Survey

Name: _____

Date: _____

A. Tinnitus

Over the last week, tinnitus kept me from sleeping.

Over the last week, tinnitus kept me from concentrating on reading.

Over the last week, tinnitus kept me from relaxing.

Over the last week, I couldn't get my mind off of my tinnitus.

	<i>No, not a problem</i>	<i>Yes, a small problem</i>	<i>Yes, a moderate problem</i>	<i>Yes, a big problem</i>	<i>Yes, a very big problem</i>	
Over the last week, tinnitus kept me from sleeping.	0	1	2	3	4	
Over the last week, tinnitus kept me from concentrating on reading.	0	1	2	3	4	
Over the last week, tinnitus kept me from relaxing.	0	1	2	3	4	
Over the last week, I couldn't get my mind off of my tinnitus.	0	1	2	3	4	
	Total of each column					Grand Total

B. Hearing

Over the last week, I couldn't understand what others were saying in noisy or crowded places.

Over the last week, I couldn't understand what people were saying on TV or in movies.

Over the last week, I couldn't understand people with soft voices.

Over the last week, I couldn't understand what was being said in group conversations.

Over the last week, I couldn't understand what others were saying in noisy or crowded places.	0	1	2	3	4	
Over the last week, I couldn't understand what people were saying on TV or in movies.	0	1	2	3	4	
Over the last week, I couldn't understand people with soft voices.	0	1	2	3	4	
Over the last week, I couldn't understand what was being said in group conversations.	0	1	2	3	4	
	Total of each column					Grand Total

C. Sound Tolerance

Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me.*

If you responded 1, 2, 3, or 4 to the statement above:

Please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others.

*If sounds are too loud for you while wearing hearing aids, please tell your audiologist.