

Tinnitus and Hyperacusis Clinic

952-224-0308

6446 Xerxes Ave. South
Edina, MN 55423

Name: _____

Date: _____ Home Phone: _____ Work Phone: _____

Social Security #: _____ Sex: ___ M ___ F Birth Date: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Primary Care Physician: _____ Clinic: _____

How did you hear of Tinnitus and Hyperacusis Clinic? : _____

TO MY PATIENTS: OUR FINANCIAL POLICY

Please understand that payment of your bill is considered part of your service. The following is a statement of our Financial Policy, which we require you to read and sign prior to any services.

Total testing fees, initial counseling /directive counseling and program fees are payable at time of service.

Tinnitus Devices including Neuromonics or Retraining Instruments, Hearing Aids, Musicians Plugs Hearing Protection, and the fitting, programming and educating on use of existing instrumentation are payable upon time of fitting.

We reserve the right to charge a \$250.00 fee for a missed appointment.

I have read the Financial Policy: _____ Date: _____

(Signature of Patient or Responsible Party/Date)

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

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,

Kantamycin, 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?