

# Tinnitus and Hearing Survey

<b>A</b>	<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 my tinnitus.	0	1	2	3	4
Total each column:	_____	_____	_____	_____	_____
			Grand Total:	_____	_____

<b>B</b>	<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, 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 each column:	_____	_____	_____	_____	_____
			Grand Total:	_____	_____

<b>C</b>	<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, some everyday sounds were too loud for me.*	0	1	2	3	4
Being in a meeting with 5 to 10 people would be too loud for me.	0	1	2	3	4
<i>If you answered 1, 2, 3 or 4 to the questions above:</i>					
Would a class about tinnitus be too loud for you?	0	1	2	3	4
*If sounds are too loud for you when wearing hearing aids, please tell your audiologist.					

# Tinnitus Problem Checklist

**1. My most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other                   |

**2. My second** most bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other                   |

**3. My third most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other                   |