

“Items list” for tinnitus case history questionnaires

Items are ordered according to their level of significance:

Category “A” (= essential) in bold type.

Background

- 1. Age.**
- 2. Gender.**
3. Handedness.
- 4. Family history of tinnitus (parent, sibling, children).**

Tinnitus history

- 5. Initial onset. Time?**
- 6. Initial onset. Mode? Gradual or abrupt?**
7. Initial onset. Associated events? Hearing change, Acoustic trauma, Otitis media, Head trauma, Whiplash, Dental Treatment, Stress, Other.
- 8. Pattern. Steady? Pulsatile? Other?**
- 9. Site. Right ear? Left ear? Both ears? (symmetrical?) Inside head?**
10. Intermittent or constant?
11. fluctuant or non-fluctuant?
- 12. Loudness. Scale 1-100. At worst & at best?**
13. Quality. Own words / Give a list of choices.
14. Pure tone or Noise? Uncertain / polyphonic?
15. Pitch. Very high? High? Medium? Low?
- 16. Percentage of awake time aware of tinnitus?**
17. Percentage of awake time annoyed by tinnitus?
18. Previous tinnitus treatments (no, some, many)?

Modifying influences

- 19. Natural masking? Music, everyday sounds, other sounds?**
20. Aggravated by loud noise?
- 21. Altered by head and neck movement or touching of head or upper limbs (specification of the respective movements)?**
22. Daytime nap. Worse? Better? No effect?
23. Effect of nocturnal sleep on daytime tinnitus?
24. Effect of stress?
25. Effect of medications? Which?

Related conditions

- 26. Hearing impairment?**
- 27. Hearing aids (No, left ear, right ear, both ears; effect on tinnitus)?**
- 28. Noise annoyance or intolerance?**
29. Noise induced pain?
30. Headaches?
31. Vertigo/dizziness?
32. Temporomandibular disorder?
33. Neck pain?
34. Other pain syndromes?
35. Under treatment for psychiatric problems?

As an example of how the above items can be expressed for patients to complete see the

TINNITUS SAMPLE CASE HISTORY QUESTIONNAIRE (TSCHQ)