

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

Hearing Aid

Masker

TRT

Counselling

Music Therapy

Other - please comment

How successful did you find
these treatments?

Tinnitus History Questionnaire

Name

DOB

Date Completed

Have you ever?

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?

Y/N Details/Comments

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

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?

Y/N Details/Comments

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?

TINNITUS FUNCTIONAL INDEX

Today's Date _____
Month / Day / Year

Your Name _____
Please Print

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, and draw a **CIRCLE** around it like this: **10%** or **1**.

I Over the PAST WEEK

1. What percentage of your time awake were you consciously **AWARE OF** your tinnitus?
Never aware ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *Always aware*
2. How **STRONG** or **LOUD** was your tinnitus?
Not at all strong or loud ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Extremely strong or loud*
3. What percentage of your time awake were you **ANNOYED** by your tinnitus?
None of the time ▶ 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ *All of the time*

SC Over the PAST WEEK

4. Did you feel **IN CONTROL** in regard to your tinnitus?
Very much in control ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Never in control*
5. How easy was it for you to **COPE** with your tinnitus?
Very easy to cope ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Impossible to cope*
6. How easy was it for you to **IGNORE** your tinnitus?
Very easy to ignore ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Impossible to ignore*

C Over the PAST WEEK

7. Your ability to **CONCENTRATE**?
Did not interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*
8. Your ability to **THINK CLEARLY**?
Did not interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*
9. Your ability to **FOCUS ATTENTION** on other things besides your tinnitus?
Did not interfere ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Completely interfered*

SL Over the PAST WEEK

10. How often did your tinnitus make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?
Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Always had difficulty*
11. How often did your tinnitus cause you difficulty in getting **AS MUCH SLEEP** as you needed?
Never had difficulty ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *Always had difficulty*
12. How much of the time did your tinnitus keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?
None of the time ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ *All of the time*

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, and draw a **CIRCLE** around it like this: **10%** or **1**.

A	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	13. Your ability to HEAR CLEARLY ?	0 1 2 3 4 5 6 7 8 9 10	
	14. Your ability to UNDERSTAND PEOPLE who are talking?	0 1 2 3 4 5 6 7 8 9 10	
	15. Your ability to FOLLOW CONVERSATIONS in a group or at meetings?	0 1 2 3 4 5 6 7 8 9 10	
R	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	16. Your QUIET RESTING ACTIVITIES ?	0 1 2 3 4 5 6 7 8 9 10	
	17. Your ability to RELAX ?	0 1 2 3 4 5 6 7 8 9 10	
	18. Your ability to enjoy " PEACE AND QUIET "?	0 1 2 3 4 5 6 7 8 9 10	
Q	Over the PAST WEEK, how much has your tinnitus interfered with...	<i>Did not interfere</i>	<i>Completely interfered</i>
	19. Your enjoyment of SOCIAL ACTIVITIES ?	0 1 2 3 4 5 6 7 8 9 10	
	20. Your ENJOYMENT OF LIFE ?	0 1 2 3 4 5 6 7 8 9 10	
	21. Your RELATIONSHIPS with family, friends and other people?	0 1 2 3 4 5 6 7 8 9 10	
	22. How often did your tinnitus cause you to have difficulty performing your WORK OR OTHER TASKS , such as home maintenance, school work, or caring for children or others? <i>Never had difficulty</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i>		
E	Over the PAST WEEK...		
	23. How ANXIOUS or WORRIED has your tinnitus made you feel? <i>Not at all anxious or worried</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely anxious or worried</i>		
	24. How BOTHERED or UPSET have you been because of your tinnitus? <i>Not at all bothered or upset</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely bothered or upset</i>		
	25. How DEPRESSED were you because of your tinnitus? <i>Not at all depressed</i> ▶ 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely depressed</i>		