

## What is Tinnitus?

**Tinnitus is the symptom of hearing a sound when its source is within your body. There are two broad types of tinnitus:**

- Middle-ear tinnitus (produced in the middle ear behind your eardrum)
- Sensorineural tinnitus (produced by your nervous system) is almost always accompanied by a hearing loss

Tinnitus is almost always accompanied by a hearing loss.

Middle-ear tinnitus is rare, and it is a result of hearing your muscles twitch or movement of blood in blood vessels. Sometimes these can be treated with an operation.

Sensorineural tinnitus is much more common. Approximately one in every 10 Americans will experience some form of tinnitus, or ringing in the ears. The mechanisms that produce tinnitus are not completely understood. There are many different causes of tinnitus. Some common ones are:

- Noise exposure
- The natural aging process
- Medications
- Head injury
- Various ear diseases, such as Meniere's disease
- For many, the cause is unknown

Noise induced tinnitus can be prevented with hearing protection. See your audiologist to help you select the appropriate hearing protection for your personal needs.

There is no cure for tinnitus, at least not yet. There are no medications or dietary supplements that have been shown to treat tinnitus in controlled studies with appropriate measurements that have been repeated by other researchers. If a cure is found, it is likely your audiologist will be able to inform you.

People react very differently to their tinnitus. Some find it an occasional nuisance and easily adapt to it, while others find it distracting enough to warrant seeking help.

Tinnitus may occur at any age and is often described as resembling ringing, crickets, buzzing or humming. Some tinnitus patients find moderately intense sounds very uncomfortable. This is called hyperacusis. When present, hyperacusis should be treated with the tinnitus.

Recent onset of tinnitus may be related to changes in the auditory system that should be evaluated. Longstanding tinnitus is problematic for many persons and may warrant treatment to reduce its impact on daily life. It often can affect emotional well-being, hearing, sleep and concentration.

## TINNITUS AND HYPERACUSIS CASE HISTORY

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### Patient Questionnaire

Tinnitus:  Right  Left  Both

Hyperacusis (sensitivity to sound):  Yes  No

Fear of Sounds:  Yes  No

Fluctuating in Pitch:  Yes  No

Fluctuating in Loudness:  Yes  No

**Rank from least to most bothersome: (1 = Most and 3 = Least)**

Tinnitus \_\_\_\_\_ Hyperacusis \_\_\_\_\_ Hearing Loss \_\_\_\_\_

1. When did you first become aware of having tinnitus? \_\_\_\_\_

2. What does your tinnitus sound like (for example: ringing, crickets, humming, etc.)? \_\_\_\_\_

3. Is it a pulsing sound that changes in time with your heartbeat?  Yes  No

4. What seems to make the tinnitus/hyperacusis change? \_\_\_\_\_

5. Is it made worse by exposure to sound?  Yes  No  
If so, how long does it stay bad after sound exposure? \_\_\_\_\_

6. List all methods, procedures, medications or devices you have tried for your tinnitus, and the treatment outcomes (include an additional sheet if needed). \_\_\_\_\_

7. Have you seen an ear specialist about your tinnitus?  Yes  No How many? \_\_\_\_\_  
What were you told? \_\_\_\_\_

8. Do you have a hearing loss?  Yes  No  
If so, please describe \_\_\_\_\_

9. Do you wear a hearing aid(s)?  Yes  No

10. Are you uncomfortable around certain sounds?  Yes  No If yes, please describe \_\_\_\_\_

11. Do you wear ear protection (plugs or muffs)?  Yes  No  
If yes, what percentage of time do you wear them? \_\_\_\_\_

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12. Do you experience pain in the ears from loud sounds?  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
13. Have you ever worked anywhere that exposed you to continuous loud sounds?  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
14. Estimate the percentage of time over the past month that you have been aware of the tinnitus? \_\_\_\_\_  
\_\_\_\_\_
15. Estimate the percentage of time over a one-month period (not counting sleep) when you are:
- a. In a quiet environment (e.g., quiet home) \_\_\_\_\_%
  - b. In a moderate environment (e.g., average street, restaurant) \_\_\_\_\_%
  - c. In a loud environment (e.g., noisy workplace, loud radio) \_\_\_\_\_%
16. Do you have trouble falling asleep or staying asleep?  Yes  No
17. List any activities that you can't do, or don't enjoy, because of your tinnitus or hyperacusis. \_\_\_\_\_  
\_\_\_\_\_
18. Do you feel depressed?  Yes  No
19. Did you have any depression or anxiety before the onset of tinnitus or hyperacusis?  Yes  No
20. What medications are you currently taking, and what are they for? \_\_\_\_\_  
\_\_\_\_\_
21. Do you have any legal action pending in relation to your tinnitus or hyperacusis, or are you planning legal action?  Yes  No
22. On a scale of 0 to 10, (0 = None; 10 = Totally Ruined), indicate the influence tinnitus and hyperacusis have on your life. \_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## TINNITUS HANDICAP INVENTORY (THI)

	YES	NO	SOMETIMES
1. Because of your Tinnitus is it difficult for you to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the loudness of your Tinnitus make it difficult for you to hear people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your Tinnitus make you angry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your Tinnitus make you confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Because of your Tinnitus are you desperate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you complain a great deal about your Tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Because of your Tinnitus do you have trouble falling asleep at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel as though you can't escape from your Tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your Tinnitus interfere with your ability to enjoy social activities (such as going out to dinner or the movies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Because of your Tinnitus do you feel frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Because of your Tinnitus do you feel that you have a terrible disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your Tinnitus make it difficult to enjoy life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your Tinnitus interfere with your job or household responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Because of your Tinnitus do you find that you are often irritable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Because of your Tinnitus is it difficult for you to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your Tinnitus make you upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel that Tinnitus has placed stress on your relationships with members of your family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you find it difficult to focus your attention away from your Tinnitus and on to other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you feel that you have no control over your Tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Because of your Tinnitus do you often feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Because of your Tinnitus do you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does your Tinnitus make you feel anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you feel that you can no longer cope with your Tinnitus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your Tinnitus get worse when you are under stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does your Tinnitus make you feel insecure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES = 4    SOMETIMES = 2    NO = 0

Total Score: \_\_\_\_\_