

YES / NO

14. ARE THERE ANY FOODS OR SUBSTANCES TO WHICH YOU ARE EXPOSED THAT AGGRAVATE THE NOISES?

Alcohol Coffee
 Cigarettes Chocolate
 Excessive Salt Other, Describe:

15. ARE THE NOISES WORSE DURING ANY SEASON? IF YES, WHEN:

Summer Fall
 Winter Spring

16. IS THERE ANYTHING YOU CAN DO TO DECREASE THE NOISES OR MAKE THEM GO AWAY? IF YES, DESCRIBE:

17. ARE THERE ANY ACTIVITIES OR SOUNDS THAT MAKE THE NOISES LESS DISTURBING? IF YES, DESCRIBE:

PLEASE CHARACTERIZE THE NOISE.

Ringing Heart Beat
 Whistling Bells
 Buzzing Hissing
 Sea-shell Like (Ocean Roar)
 Voices

18. DOES THE NOISE SOUND THE SAME IN BOTH EARS?

19. HAVE YOU TRIED MEDICATIONS OR TREATMENTS FOR THE NOISES?

20. WHAT MEDICATIONS OR TREATMENTS FOR THE NOISES HAVE YOU TRIED? PLEASE LIST:

21. HAVE ANY OF THEM HELPED? WHICH?

22. TO WHICH OF THE FOLLOWING WOULD YOU COMPARE THE LOUDNESS OF YOUR NOISE?

A soft whisper A diesel truck motor
 An electric fan A jet taking off

23. IS THE LOUDNESS FAIRLY CONSTANT?

24. DOES IT VARY SLIGHTLY FROM DAY TO DAY?

25. DOES IT VARY WIDELY FROM DAY TO DAY?

YES / NO

26. PLEASE RATE THE SEVERITY OF YOUR NOISES:

- _____ MILD (aware of it when you think about it)
- _____ MODERATE (aware of it frequently, but able to ignore most of the time; occasionally interferes with falling asleep)
- _____ SEVERE (aware of it all the time, very disturbing; often interferes with activities, communication, etc.)
- _____ VERY SEVERE (aware of it all the time, interferes with daily activities, communication and sleep; has changed your behavior or life)

27. DO YOU THINK OTHER PEOPLE SHOULD BE ABLE TO HEAR THE NOISES?

28. DO THE NOISES SOUND AS IF THEY ARE COMING FROM:

Inside your head Outside your head

29. ARE YOUR HEAD NOISES EVER VOICES?
IF YES, WHAT DO THEY SAY TO YOU?

30. DO YOU HAVE A FEELING OF FULLNESS IN YOUR EARS?

31. IF YES, DOES IT FLUCTUATE WITH THE NOISES?

32. HAS ANYONE ELSE IN YOUR FAMILY HAD TINNITUS?

33. DO YOU HAVE A HEARING LOSS?

****IMPORTANT: IF YOU ANSWERED YES, ASK FOR THE "HEARING LOSS" HISTORY FORM**

34. DO YOU HAVE DIZZINESS?

****IMPORTANT: IF YOU ANSWERED YES, ASK FOR THE "DIZZINESS" HISTORY FORM**