

Tinnitus

Please answer each question by filling in the appropriate circle fully.

					,	
How lone	r hove ven he	d vinging ir	a waxa aana 9			
	g have you ha					
_	_		O months	O voors		
	•			O years		
	ıld you descr crickets	ibe the soun	iu you near .			
	heartbeat					
	roaring					
	buzzing					
	humming					
	ringing					
	bells					
	other:					
O	omer				_	
Is the rin	ging in one e	ar or both?	O Right	O Left	O Both	
			in your ears?			
	Always (•			
	noise bother			J		
		•	O while out	socially		
Is there a time of day where the noise bothers you more?						
	•	O evening	•			
Is the ringing associated with any of the following?						
O Ear pain						
O	Exercise changes					
O	Sleep changes					
O	O Teeth grinding or clenching					
O	O Hearing loss					
O	O Balance disturbance					
O) Headaches					
O	Vision changes					
O	Recent Head/Neck Injury					
O	Weakness or Numbness					
O	P Recent Dental work/problems					
O	O Nothing					
Does the	ringing inte	rfere with	.?			
O	O Conversation					
O	Listening to	Listening to radio				
O	O Watching TV					
Ω	Sleen					

O Nothing