

**Tinnitus Patient Inventory** Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions. Please follow the key below with all of your answers.

- 0 = I never have symptoms (0% of the time)**
- 1 = I rarely have symptoms (Less than 25% of the time)**
- 2 = I often have symptoms (Half of the time)**
- 4 = I frequently have symptoms (75% of the time)**
- 5 = I always have symptoms (100% of the time)**

1. Because of your tinnitus, is it difficult for you to concentrate? (0 1 2 3 4 5)
2. Does the loudness of your tinnitus make it difficult for you to hear people? (0 1 2 3 4 5)
3. Does your tinnitus make you angry? (0 1 2 3 4 5)
4. Does your tinnitus make you feel confused? (0 1 2 3 4 5)
5. Because of your tinnitus, do you feel desperate? (0 1 2 3 4 5)
6. Do you complain a great deal about your tinnitus? (0 1 2 3 4 5)
7. Because of your tinnitus, do you have trouble falling to sleep at night? (0 1 2 3 4 5)
8. Do you feel as though you cannot escape your tinnitus? (0 1 2 3 4 5)
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? (0 1 2 3 4 5)
10. Because of your tinnitus, do you feel frustrated? (0 1 2 3 4 5)
11. Because of your tinnitus, do you feel that you have a terrible disease? (0 1 2 3 4 5)
12. Does your tinnitus make it difficult for you to enjoy life? (0 1 2 3 4 5)
13. Does your tinnitus interfere with your job or household responsibilities? (0 1 2 3 4 5)
14. Because of your tinnitus do you find that you are often irritable? (0 1 2 3 4 5)
15. Because of your tinnitus, is it difficult for you to read? (0 1 2 3 4 5)
16. Does your tinnitus make you upset? (0 1 2 3 4 5)
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends? (0 1 2 3 4 5)
18. Do you find it difficult to focus your attention away from your tinnitus and on other things? (0 1 2 3 4 5)

19. Do you feel that you have no control over your tinnitus? (0 1 2 3 4 5)
20. Because of your tinnitus, do you often feel tired? (0 1 2 3 4 5)
21. Because of your tinnitus, do you feel depressed? (0 1 2 3 4 5)
22. Does your tinnitus make you feel anxious? (0 1 2 3 4 5)
23. Do you feel that you can no longer cope with your tinnitus? (0 1 2 3 4 5)
24. Does your tinnitus get worse when you are under stress? (0 1 2 3 4 5)
25. Does your tinnitus make you feel insecure? (0 1 2 3 4 5)
26. Does your tinnitus pulsate? (0 1 2 3 4 5)
27. Which ear is your tinnitus? in (0 1 2 3 4 5)
28. Do you also have a feeling of fullness in your ears? (0 1 2 3 4 5)
29. Does straining make your tinnitus worse? (0 1 2 3 4 5)
30. Does loud noise make your tinnitus worse? (0 1 2 3 4 5)
31. Does being in the quiet make your tinnitus worse? (0 1 2 3 4 5)
31. Does alcohol make your tinnitus worse? (0 1 2 3 4 5)
32. Does physical activity make your tinnitus worse? (0 1 2 3 4 5)
33. Does your tinnitus get worse after a meal? (0 1 2 3 4 5)
34. Which describes your tinnitus best?
- \* High pitch ring\_\_\_\_\_
  - \* Low pitch ring\_\_\_\_\_
  - \* Buzzing\_\_\_\_\_
  - \* Roaring\_\_\_\_\_
  - \* Sounds like amplification of your own voice in your head\_\_\_\_\_

Patient Signature:\_\_\_\_\_Date:\_\_\_\_\_