

# TINNITUS QUESTIONNAIRE

NAME \_\_\_\_\_

SSN \_\_\_\_\_

VA Claim # \_\_\_\_\_

(if different than SSN)

Do you have tinnitus or noises in your ears? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, complete questionnaire.

If NO, you do not have to answer the following questions - sign your name and date form at the bottom.

1. What does your tinnitus sound like? Please circle all that apply

Ringling          Buzzing          Roaring          Clicking          Hissing

Cricket / Locust Sounds      Other (describe) \_\_\_\_\_

2. Is the sound in the right, left or both ears? Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

3. When did your tinnitus begin? \_\_\_\_\_

If you cannot remember the date, choose A or B, the one that is closest to when your tinnitus began. Please circle

A. DURING MILITARY SERVICE

B. NOT during military service, it started DURING THE PAST . . . Please circle

YEAR      5 YEARS      10 YEARS      15 YEARS      20 YEARS      25 YEARS

30 YEARS      40 YEARS      50 YEARS      60 YEARS or MORE

4. How long ago were you in the military? \_\_\_\_\_

5. How often do you have tinnitus? Please circle all that apply

DAILY      WEEKLY      MONTHLY      CONSTANTLY      OTHER \_\_\_\_\_

6. If you do not have tinnitus **constantly**, approximately how long does it last in days, hours and/or minutes? Days \_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_

7. **List** what you think may have caused your tinnitus. Examples include cold or other illness, ear infection, ear or head injury, exposure to loud noise, etc.

I hereby certify that the information I have given is true to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_