WIDEX®
HIGH DEFINITION HEARING

TINNITUS REACTION QUESTIONNAIRE (TRQ)

INSTRUCTIONS: This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer all questions by circling the number that best reflects how your tinnitus has affected you **over the past week.**

Name:_____ Date:_____

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy."	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total					

REFERENCES
Wilson et al. 1991

CFM08/0911

WIDEX®
HIGH DEFINITION HEARING

TINNITUS HANDICAP INVENTORY (THI)

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.

Name:_____ Date:_____

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

For Clinician Use Only

Total Score Per Column ☐ ☐ ☐

Total THI Score: (number of "yes" responses x 4) + (number of "sometimes" responses x 2) = **Total Score** ☐

0 – 16	Slight (Only heard in quiet environments)	GRADE 1
18 – 36	Mild (Easily masked by environmental sounds and easily forgotten with activities)	GRADE 2
38 – 56	Moderate (Noticed in presence of background noise, although daily activities can still be performed)	GRADE 3
58 – 76	Severe (Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities)	GRADE 4
78 – 100	Catastrophic (Always heard, disturbed sleep patterns, difficulty with any activities)	GRADE 5

REFERENCES

Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the Tinnitus Handicap Inventory. *Arch Otolaryngol Head Neck Surg*, 122, 143-148.

McCombe, A., Bagueley, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: The results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999. *Clin Otolaryngol*, 26, 388-393.

CFM07/0311

TINNITUS **REACTION QUESTIONNAIRE** (TRQ)

Name: _____

Date: _____

Instructions
This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not.

Please answer all questions by circling the number that best reflects how your tinnitus has affected you **over the past week.**

0 = Not at all
1 = A little of the time
2 = Some of the time
3 = A good deal of the time
4 = Almost all of the time

1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy."	0	1	2	3	4

12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4

Total =

References
Wilson, P.H., Henry, J., Bowen, M., & Haralambous, G.(1991). Tinnitus reaction questionnaire: Psychometric properties of a measure of distress associated with tinnitus. J Speech Hear Res 34,197-201.

9 502 4574 001 #01

WZT **INTAKE QUESTIONNAIRE**

Name: _____ Age: _____

Date: _____

Work

1. Are you employed? _____ # of hours/week _____
2. What is your occupation? _____
3. Are you satisfied? _____
4. If not employed, is your unemployment due to tinnitus? _____

Tinnitus characterization

5. When did you first experience tinnitus? _____
6. How long have you had tinnitus in its present form? _____ years _____ months
7. Briefly describe what you were doing when the tinnitus first became apparent to you.

   _____

   _____

8. Were you experiencing any kind of emotional trauma at the time when you first noticed your tinnitus?

   _____

   _____

9. What do you think is the cause of your tinnitus?

   _____

   _____

10. Where is your tinnitus primarily located?

    ☐ left ear ☐ right ear ☐ both ears equally ☐ head

11. Using the scale below, indicate the **loudness** of:

A) Your tinnitus right now_____ B) Your average tinnitus _____

C) Your tinnitus at its worst _____ D) Your tinnitus at its least_____

0	1	2	3	4	5	6	7	8	9	10
none		mild			moderate			severe		excruciating

12. Using the scale below, indicate the **pitch** of your tinnitus. (It might help to imagine the scale as if it were a piano keyboard.)

0	1	2	3	4	5	6	7	8	9	10
low pitch					mid pitch					high pitch

13. Check all items below which describe the sound of your tinnitus:

☐ hissing	☐ ringing	☐ cricket-like	☐ whistle
☐ steam whistle	☐ pounding	☐ pulsating	☐ bells
☐ clanging	☐ buzzing	☐ sizzling	☐ clicking
☐ ocean roar	☐ high tension wire	☐ other	

Hearing loss

14. Do you have a hearing loss? ☐ yes ☐ no ☐ not sure

15. Which is more of a problem for you, the hearing difficulty or your tinnitus?

☐ hearing difficulty ☐ tinnitus ☐ not sure

16. Have you been exposed to loud noise? ☐ yes ☐ no

If so, when? ☐ military service ☐ work ☐ recreation

Other: _____

17. Do you wear ear protection in the presence of loud sounds? ☐ yes ☐ no

18. Have you ever worn a hearing aid? ☐ yes ☐ no

If yes, do you currently wear it (them)? ☐ yes ☐ no

If you no longer wear hearing aids, why not? _____

19. If you are a hearing aid user, how does the aid affect your tinnitus?

☐ makes tinnitus softer ☐ makes tinnitus louder ☐ no effect

20. Are you adversely affected by loud sounds? ☐ yes ☐ no

Please explain: _____

Tinnitus reaction

21. Overall, to what extent are you **bothered or annoyed by** your tinnitus?

0	1	2	3	4	5	6	7	8	9	10
not bothered		mild			moderate			severe		extreme

22. What percentage of the time are you **aware** of your tinnitus?_____

23. What percentage of the time are you **bothered** by your tinnitus?_____

24. How has the percentage of the time you are bothered by your tinnitus changed since you first noticed it? ____

25. The loudness of your tinnitus is (check one):

☐ fairly constant from day to day

☐ fluctuates widely, being very loud some days and very mild other days

☐ usually constant, but occasionally decreases markedly

☐ usually constant, but occasionally increases markedly

26. Does your tinnitus appear worse:

☐ when tired ☐ when tense or nervous

☐ at bedtime ☐ after use of alcohol

☐ upon awakening ☐ when relaxed

27. Is there any time during the day when your tinnitus is most troublesome to you?

☐ at work ☐ in morning

☐ in evening ☐ when trying to concentrate

☐ at social activities ☐ around noise

Other: _____

28. Do you consider yourself to be a tense person? _____

29. Do you feel that emotional or physical stress worsens the tinnitus? _____

30. What do you feel adds to your stress (job, time management, home, etc.)? _____

_____

_____

31. Do you feel depressed or ever have suicidal thoughts? _____

32. What do you do to relax: meditate, listen to music, etc.?

_____

33. How does your tinnitus interfere with your activities?

Work/Chores _____

Family _____

Religious activities _____

Social/Recreation _____

Exercise _____

Sleep _____

34. Does the tinnitus prevent you from falling asleep? _____

35. Does the tinnitus awaken you from sleep? _____

36. Are you able to fall back asleep, once awakened? _____

Other _____

37. What do you do when you have trouble sleeping?

☐ Medications ☐ Mental exercises ☐ Watching TV ☐ Other

38. How would your life be different if you didn't have tinnitus?

_____

_____

39. Have you discussed your tinnitus with friends or family members? _____

What was their reaction? _____

40. Are there other members of your family or friends who suffer from tinnitus? _____

41. Do you live alone? _____

Treatment history:

42. Please list all evaluations and/or treatments (including psychiatric or psychologic) you have had for your tinnitus. Please include the names of the specialists who have performed evaluations or treatments, and the approximate dates on which they were performed, using the reverse side, if necessary.

Specialist	What was done?	How long ago?	Result
1. Physician			
2. ENT doctor			
3. Audiologist			

What type of specialist	What was done?	How long ago?	Result
1.			
2.			
3.			
4.			
5.			

43. Please list any surgeries you have had (potentially related to your current symptom of tinnitus)

_____

_____

_____

44. Please list the medications you currently take for tinnitus?

Medication	For what purpose?	How often?	Does it help?
			☐ yes ☐ no
			☐ yes ☐ no
			☐ yes ☐ no
			☐ yes ☐ no

45. What medications have you tried in the past for tinnitus relief?

Medication	How often?	Does it help?	Stopped (Why?)
		☐ yes ☐ no	
		☐ yes ☐ no	
		☐ yes ☐ no	
		☐ yes ☐ no	

46. Please list all other medications you currently take:

Medication	How often?	Purpose?