

TINNITUS REACTION QUESTIONNAIRE (TRQ)

INSTRUCTIONS: This questionnaire is designed to find out what sort of effect 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
TOTALS:					

TINNITUS EVALUATION

Patient Name: _____ Date: _____

Initial onset: When did you first experience your tinnitus?

How did you perceive the beginning? Gradual or Abrupt? _____

Was the initial onset of your tinnitus related to: Loud blast of sound, Stress, Whiplash, Head Trauma, Change in hearing or

Other _____

Is your tinnitus in one or both ears? _____

Can you describe what your tinnitus sounds like? Ringing? Hissing? Pulsing?

Do you have any current or recent otologic symptoms in addition to your tinnitus?

Is there anything that makes your tinnitus worse? (diet? Stress? Time of day?)

What activities does your tinnitus impact the most on day-to-day basis? (sleep, hearing, concentration, emotional well-being?)

Are you currently taking any prescribed or over-the-counter medications: If so, what are they?

Does taking a nap during the day affect your tinnitus? _____

Have you tried any treatment for your tinnitus? _____

Do sounds cause you any pain or physical discomfort? _____

If so, does it worsen your tinnitus? _____

Have you experienced any head or neck trauma? _____