

THE TINNITUS INTERVIEW

Name:

DOB:

AHC:

Referred By:

If 3rd party (WCB, RCMP, DVA, DND) please provide claim/identification numbers:

Are you currently involved in a legal / insurance claim (example MVA)?

Phone:

Email:

Address:

Date:

1. Introduction

We would like to gather some general information so that we can understand the specific ways that you are impacted by tinnitus. If you would like more room to explain, please write on the back of the form. We will have the opportunity to discuss things in more detail when we meet. * (Though this questionnaire is designed for tinnitus, if you happen to have Misophonia or Hyperacusis please answer as if all words for tinnitus were replaced with 'hearing sensitivity').

We would like to begin by asking you:

How did tinnitus/hyperacusis begin? Was there an obvious trigger when you became first aware of the sound/sensitivity?

How would you describe the tinnitus?

What does it sound like? Is there more than one sound?

Circle all that apply:

ringing	hissing sizzling	clicking
clear tone	buzzing	electric fan
pulsating	roaring	pounding
hum	cicadas	crickets
whistle	music	bells
others (describe)		

Has the sound changed over time?

If you have sound sensitivities, what are the main ones that trigger a reaction in you?

2. Duration of the tinnitus?

For how long have you been aware of the tinnitus?

When did the tinnitus become a significant problem, one that caused a great deal of annoyance?

What percentage of the time do you think about the tinnitus?

3. Features of the tinnitus

Where does it seem to be located? (eg:, left/right ear, both ears, inside head, outside head)

How loud is it on average, typically on a scale of 1-10 (10 being extremely loud)

Does anything appear to make it louder?

Does anything appear to make it quieter?

Is it constant or intermittent?

Have there ever been periods when the tinnitus has disappeared altogether?

How would you describe the “pitch” (base or treble) of the Tinnitus?

4. Sleeping Difficulties

Does the tinnitus make it difficult for you to fall asleep?
How long does it normally take you to fall asleep?

Do you sleep through the night?
If you wake up, how long does it take to fall asleep?

Do you feel rested when you wake up?

Are you on a sleeping medicine or supplement? If so, what?

What thoughts and emotions do you have about tinnitus and sleep?

Have you had sleep difficulties before you developed Tinnitus?

5. Impact of the tinnitus on daily life

Tinnitus can affect daily life in many ways:

Physically:

Please circle the physical symptoms you experience since the tinnitus

Fatigue/loss of energy
Loss of appetite/increased appetite
Weight loss/gain
Headaches
Muscle Tension
Insomnia
Neck/Back Pain

Jaw Pain
Ear pain
Other _____

Emotionally:

Please circle the emotions you have felt since the tinnitus.

Depression anger resentment irritability anxiety fear distress panic
hopelessness helplessness frustration worry grief reactions isolation
inadequate loneliness guilt worthlessness confused
other _____

Occupationally:

Please circle the ways your work is affected since the tinnitus.

Increased stress due to change in work status
Change in ability to function in current position
Financial strain
Blame or resentment about exposure to noise or unknown 'triggers that may
have caused it
Other _____

Cognitively:

***Please circle the ways your mental functioning have been affected since the
tinnitus.***

Difficulties in concentrating
Problems with decision-making
Over-analyzing
Distracted, unable to focus
Other _____

Socially:

***Please circle the ways your relationships and activities have been affected since
the tinnitus.***

Loss of interest or pleasure in activities
Less involvement with others
Increased conflict in relationships
Increased communication problems
Increased isolation and 'avoidance'
Increased sleep or 'self-medicating'
Other _____

6. Suicidal Ideation

Have you ever felt so bad that you think you would harm yourself/don't want to live any more?

If yes:

How often do you have thoughts like that?

Have you had these thoughts lately?

When was the last time that you had these thoughts?

Have you felt like this in the last week?

What, specifically, have you thought about doing to yourself?

Have you ever attempted to harm yourself in the past?

If YES, when did this take place, the circumstances that led up to it and what were the nature of the actions

If NO: What has stopped you from carrying out your plans?

Do you think you will really do it? How likely is it that you will actually do it?

8. Tinnitus and Stress

Does your tinnitus get louder when you are under stress?

What sort of stress makes it more difficult to manage?

Do you have more difficulty managing the tinnitus when you are under stress?

Aside from the tinnitus, what are the other major stressors in your life?

Have you ever experienced as traumatic event?

9. Social

Do you know of anyone else who experiences tinnitus?

How often do you talk to others about your tinnitus?

To whom? What is their reaction? How does that make you feel?

Do you call upon other people to assist you in any way because of the tinnitus?

In what ways (if any) does the tinnitus affect your social life?

How (if at all) has your tinnitus affected your relationships with those people who are most important to you?

10. Interference/Avoidance

Do you believe that your leisure or work activities are affected by the tinnitus?

List activities that have been disrupted:

Do you ever avoid activities or situations because of the tinnitus?

List situations:

Does the tinnitus lead you to avoid noisy places?

List places or situations:

Does the tinnitus lead you to avoid quiet places?

List places or situations:

In what ways, if any, do you think you have changed since you began to have this problem?

11. Cognitive

Are you aware of any particular 'negative' thoughts that you have when the tinnitus is loud or bothersome?

Example: I can't stand this, why did this happen to me, no one understands etc.

Please list the most frequent things you say to yourself about the tinnitus and list the beliefs you have about the tinnitus

12. Treatment History

Primary Care Physician Dr. _____

Contact Number:

Significant health history:

Current Medical Conditions:

Have you had any accidents, injuries or trauma involving the head or neck that may be relevant to the tinnitus?

Dates:

List recent surgeries and date:

Have there been any other significant stressors or trauma that may have contributed to tinnitus onset?

Otolaryngologist (ENT):

Name

Date seen:

Recommendations:

Were you sent for a CT scan or MRI?

Date:

What was the outcome?

Audiology:

When and where was your last audiological and ear examination?

Do you know if you have any hearing problems, other than Tinnitus?

Name of audiologist/hearing clinic:

Do you wear hearing aids?

Have you ever tried masking or sound therapy as a treatment for tinnitus?

Describe:

Have you had any experience with Tinnitus Retraining Therapy (TRT)? Describe

Psycho-Social History:

Have you ever seen a counselor, psychologist, psychiatrist, or health professional for treatment of psychological problems?

When and for what concerns?

How was it helpful?

What was least helpful?

Have you experience with relaxation training or similar procedures?
Describe:

Have you experience with biofeedback? Describe:

Please circle the **Complementary Therapies** you have tried:

Meditation, acupuncture, herbal medicines, supplements, naturopathic or homeopathic remedies, other _____

Describe what was helpful:

Vestibular/Balance Issues:

Is the tinnitus ever accompanied by dizziness, nausea or vomiting?

Do you notice that the tinnitus changes with certain head positions or eye movements?

Have you been evaluated by a **Vestibular Physiotherapist?**

When? Name of Physio:

Dental:

Do you know if you have any dental problems? Do you get pain or clicking in the jaw?

Do you grind your teeth at night or clench?

Have you been evaluated by a dentist for TMJ?

When?

Name of Dentist:

How often do you have a headache? (frequency, symptoms, locations, possible triggers, etc.)

Medications:

List all current medication, dosage and when it was prescribed:

Are you taking any medications specifically for symptoms that accompany the tinnitus? (anxiety, insomnia, depression)

Other treatments:

Please describe any other treatment approaches you have tried or are currently doing:

13. Expectations about treatment

It is important that expectations regarding treatment are realistic. As research continues to search for a cure, the current therapies and approaches are designed to 'manage' the impact of tinnitus. Though the features of the sound itself may not change (pitch, volume, frequency), there are many methods that can facilitate improved management of tinnitus impact.

What do you know about the management tools available for people with tinnitus?

Though we all hope is that one day treatment could eliminate the sound, we understand that currently that is not surgically or pharmaceutically possible at this time. Even if the sound does not change, would you be motivated to learn researched techniques that are designed to reduce tinnitus related distress and manage the impact of tinnitus in your life?

The article on “The Role of the Psychologist in the Management of Tinnitus” will help you understand more clearly how you can achieve this and improve the quality of your life. You can find this and other links on the website: www.hopefortinnitus.com

With this understanding what are your hopes and expectations regarding tinnitus management?

14. Other Relevant Information

Is there anything else that you think we should know in order to have a better understanding of the tinnitus and how it affects you?

Is there anything else that might be relevant?

We greatly appreciate the time you have taken to answer these questions. The information you have provided helps us to create a comprehensive management plan and make recommendations specifically designed for you.

*Deborah R. Lain, MSc, Registered Psychologist
Tinnitus Health Specialist*

