

Tinnitus Case History Questionnaire (TCHQ)

Name: _____ Date: _____

Date of birth: _____

Instructions: Place an "X" next to the correct item that best matches your symptoms or write an answer to the specific questions.

1. Age: _____

2. Gender

Male

Female

3. Handedness

right

left

both sides

4. Is there a family history of tinnitus complaints?

YES

NO

If YES:

parents

siblings

children

5. Initial onset: When did you first experience your tinnitus? _____

6. How did you perceive the beginning?

gradual

abrupt

7. Do you know what caused the initial onset?

loud blast of sound

whiplash

change in hearing

stress

head trauma

other: _____

I don't know

8. Does your tinnitus seem to **PULSATE**?

YES with heart beat

YES, different from heart beat

NO

9. Where do you perceive your tinnitus?

right ear

left ear

both ears, worse in left

both ears, worse in right

both ears, equally

inside the head elsewhere

10. How does your tinnitus manifest itself over time?

intermittent

constant

11. Does the **LOUDNESS** of the tinnitus vary from day to day?

YES

NO

12. Describe the **LOUDNESS** of your tinnitus using a scale from 1 (very faint) to 100 (very loud): _____

13. Please describe, **IN YOUR OWN WORDS**, what your tinnitus usually sounds like. Examples include: hissing, ringing, pulsing, buzzing, roaring, rushing, typewriter, whistling, whooshing.

14. Does your tinnitus sound more like a tone or more like noise?
 tone noise crickets other
15. Please describe the **PITCH** frequency:
 very high high medium low
16. What percent of your total awake time, over the last month, have you been aware of your tinnitus? _____%
17. What percent of your total awake time, over the last month, have you been annoyed, distressed, or irritated of your tinnitus? _____%
18. How many different treatments have you undergone because of your tinnitus?
 none one several many
19. Is your tinnitus reduced by music or by certain types of environmental sounds, such as the noise of a waterfall or running water when you are standing in the shower?
 YES NO I don't know
20. Does the presence of loud noise make your tinnitus worse?
 YES NO I don't know
21. Does any head and neck movement (e.g. moving the jaw forward or clenching the teeth) or touching of your arms/hands or head affect your tinnitus?
 YES NO
22. How does a nap during the day affect your tinnitus?
 worsens it reduces it has no effect
23. Is there any relationship between sleep at night and your tinnitus during the day?
 YES NO I don't know
24. How does stress influence your tinnitus?
 worsens it reduces it has no effect
25. Does medication have an effect on your tinnitus?
 YES NO If **YES**, list medication with effect / details: _____
26. Do you think you have a hearing problem?
 YES NO
27. Do you wear hearing aids?
 right left both NO
28. Do you have a problem tolerating sounds that other people around you find comfortable but you find them to be too loud?
 never rarely sometimes usually always
29. Do sounds cause you pain or physical discomfort?
 YES NO I don't know
30. Do you suffer from headaches?
 YES NO
31. Do you suffer from vertigo or dizziness?
 YES NO
32. Do you suffer from temporomandibular disorder?
 YES NO
33. Do you suffer from neck pain?
 YES NO
34. Do you suffer from other pain syndromes?
 YES NO
35. Are you currently under treatment for psychiatric problems?
 YES NO