HEAD NOISE

QUESTIONNAIRE

(Circle the appropriate letter)

Pt. Name _____ Date Completed _____

I have had head noise for _____ , Years Months Days (circle one)

Date the head noise started _____

Did it start SUDDENLY or GRADUALLY? (circle one)

It has gotten:

A. Better
B. Worse
C. Same

The noise seems to be located primarily in:

A. The LEFT ear
B. The RIGHT ear
C. Both Ears
D. Head

The noise seems to be located primarily in:

A. The LEFT ear
B. The RIGHT ear
C. Both Ears
D. Head

Which describes how your head noise sounds: (check all that apply)

Hissing

Cricket-like

Pounding

Pulsating

Ringing

Bells

Seashell

Ocean Roaring

Other:

_____

Scale of 1 to 10, the severity of head noise in its worse form:

1 2 3 4 5 6 7 8 9 10

Mild — Moderately Severe — Extremely Severe