

Questionnaire

Please, make sure you have answered all the questions

***Required**

1. Name and Surname *

Tinnitus assessment

2. How are you doing currently with your tinnitus? (Make an average rating of the last few weeks) *

Mark only one oval.

- ☐ I no longer perceive it
- ☐ I am much better, I perceive very little intensity or even periods without it
- ☐ I am better, I perceive less and it hardly bother me
- ☐ My state has not changed in relation to tinnitus
- ☐ I am worse, sometimes I feel it stronger than before or for a longer time
- ☐ I am much worse, it is much more intense

3. How do you feel your tinnitus compared to the condition before you came to our first appointment? (Make an average rating of the last few weeks) *

Mark only one oval.

- ☐ I no longer perceive it
- ☐ I am much better, I perceive very little intensity or even periods without it
- ☐ I am better, I perceive less and it hardly bother me
- ☐ My state has not changed in relation to tinnitus
- ☐ I am worse, sometimes I feel it stronger than before or for a longer time
- ☐ I am much worse, it is much more intense

4. Indicate the intensity at which you perceive your tinnitus (make an average assessment) *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
No tinnitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insufferable

5. Are you disturbed by environmental noises or sounds? *

Mark only one oval.

- ☐ Yes
- ☐ No

6. Does the annoyance caused by external or environmental noises (NOT BY THE TINNITUS) in any way limit these activities? (Select all you want) *

Tick all that apply.

- ☐ Concerts
- ☐ Restaurants
- ☐ Cinema
- ☐ Shopping
- ☐ Social life
- ☐ Sports shows
- ☐ Go to church
- ☐ House cleaning
- ☐ Work
- ☐ Caring the children
- ☐ Driving
- ☐ Other: _____

7. Select the discomfort caused by this hypersensitivity to the environmental sound *

Mark only one oval.

	0	1	2	3	4	5	6	7	8	9	10	
Nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very harsh

8. Rate the importance of each of these symptoms in your life *

Mark only one oval per row.

	Nothing	Little	Slight	Medium	High	Harsh
Tinnitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to environmental noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is your opinion about the assessment and treatment that has been applied in our consultation? *

Mark only one oval.

	1	2	3	4	5	
Very positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very negative

Hospital Anxiety and Depression Scale (HADS)

Read each section below and emphasize the response that most closely approximates your mood during the last 7 days. Do not take too long to respond, probably your spontaneous reaction to each question will be more accurate than a meditated response for a long time.

10. I feel tense or anxious *

Mark only one oval.

- ☐ Most of the time
- ☐ Many times
- ☐ Occasionally
- ☐ Never

11. I get the impression that it took more time than before to get things done *

Mark only one oval.

- ☐ Most of the time
- ☐ Often
- ☐ Sometimes
- ☐ Never

12. I still enjoy what I used to like *

Mark only one oval.

- ☐ Totally
- ☐ Not that much
- ☐ Just a little bit
- ☐ Rarely

13. I get a feeling of fear as if I had nerves in the stomach *

Mark only one oval.

- ☐ Never
- ☐ Occasionally
- ☐ Quite often
- ☐ Very often

14. I have a kind of feeling of fear, as if something terrible were going to happen *

Mark only one oval.

- ☐ Totally
- ☐ Yes, but it is not very strong
- ☐ A little, but I do not care
- ☐ Absolutely not

15. I have lost interest in my physical appearance **Mark only one oval.*

- ☐ Totally
- ☐ I am not as interested as I should be
- ☐ I may not be as interested as I was before
- ☐ I am interested as always

16. I can laugh and see the funny face of things **Mark only one oval.*

- ☐ Just as I always did
- ☐ A little less now
- ☐ Quite less now
- ☐ Absolutely not

17. I feel restless, as if I need to be busy **Mark only one oval.*

- ☐ Very much
- ☐ Quite
- ☐ Not much
- ☐ Absolutely not

18. My mind is full of worries **Mark only one oval.*

- ☐ Most of the time
- ☐ Quite often
- ☐ Not very often
- ☐ Very little

19. I feel optimistic about things to come **Mark only one oval.*

- ☐ As always
- ☐ A little less than before
- ☐ Rather less than before
- ☐ Rarely

20. I feel happy **Mark only one oval.*

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Usually

21. I feel sudden feelings of panic **Mark only one oval.*

- ☐ Very often
- ☐ Quite often
- ☐ Not very often
- ☐ Never

22. I can be calm and relaxed **Mark only one oval.*

- ☐ Yes, totally
- ☐ Usually yes
- ☐ Not very often
- ☐ Never

23. I can enjoy a good book, or a radio or television program **Mark only one oval.*

- ☐ Often
- ☐ Sometimes
- ☐ Not very often
- ☐ Rarely

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