

The Ear Institute of Texas, P.A.

Tinnitus Reaction Questionnaire

Name: _____

Date Completed: _____

This questionnaire is designed to determine the effects that tinnitus has on your lifestyle and general well-being. Please answer **ALL** questions by circling the answer (number) that **best reflects** how your tinnitus has affected you over the **past seven (7) days**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
My tinnitus makes me unhappy.	0	1	2	3	4
My tinnitus makes me feel tense.	0	1	2	3	4
My tinnitus makes me feel irritable.	0	1	2	3	4
My tinnitus makes me feel angry.	0	1	2	3	4
My tinnitus makes me cry.	0	1	2	3	4
My tinnitus leads me to avoid quiet situations.	0	1	2	3	4
My tinnitus makes me feel less interested in going out.	0	1	2	3	4
My tinnitus makes me feel depressed.	0	1	2	3	4
My tinnitus makes me feel annoyed.	0	1	2	3	4
My tinnitus makes me feel confused.	0	1	2	3	4
My tinnitus has "driven me crazy".	0	1	2	3	4
My tinnitus interferes with my enjoyment of life.	0	1	2	3	4
My tinnitus makes it difficult for me to concentrate.	0	1	2	3	4
My tinnitus makes it difficult for me to relax.	0	1	2	3	4
My tinnitus makes me feel distressed.	0	1	2	3	4
My tinnitus makes me feel helpless.	0	1	2	3	4
My tinnitus makes me frustrated.	0	1	2	3	4
My tinnitus interferes with my ability to work.	0	1	2	3	4
My tinnitus has led me to despair.	0	1	2	3	4
My tinnitus leads me to avoid noisy situations.	0	1	2	3	4
My tinnitus leads me to avoid social situations.	0	1	2	3	4
My tinnitus makes me feel hopeless about the future.	0	1	2	3	4
My tinnitus interferes with my sleep.	0	1	2	3	4
My tinnitus has led me to consider suicide.	0	1	2	3	4
My tinnitus makes me feel panicky.	0	1	2	3	4
My tinnitus makes me feel tormented.	0	1	2	3	4
TOTAL					