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Subject ID

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Month/Day/Year

Shade Circles Like This--> ●

Not Like This-->

## Tinnitus Screener

Patient self-administered version

**Tinnitus is ringing, buzzing, humming or other noises in your ears or head.**

**During the PAST YEAR:**

1. Have you experienced tinnitus lasting more than 2 - 3 minutes?

NO: **STOP HERE**

YES: **GO TO #2**

2. Have you experienced tinnitus for at least 6 months?

NO: **GO TO #3**

YES: **GO TO #3**

3. In a quiet room, can you hear tinnitus?

Always: **STOP HERE**

Usually: **STOP HERE**

Sometimes/Occasionally: **GO TO #4**

4. When you heard tinnitus this past year, was it caused by a recent event? (Examples: loud concert, head cold, allergies, some medications)

NO: **GO TO #6**

YES, Sometimes: **GO TO #5**

YES, Always: **STOP HERE**

5. Does your tinnitus seem to "come and go" on its own, in addition to being caused by a recent event(s)?

NO: **STOP HERE**

YES: **GO TO #6**

6. Do you experience tinnitus on a:

Daily or weekly basis: **STOP HERE**

Monthly or yearly basis: **STOP HERE**