

Tinnitus Screener

Interview-by-clinician version (includes tinnitus categories)

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 5 minutes?

NO: **STOP HERE**

No Tinnitus

YES: **Go to #2**

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

NO: **Go to #3**

YES: **Go to #3**

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

Always: **STOP HERE**

Constant Tinnitus

Usually: **STOP HERE**

Constant Tinnitus

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: **Go to #5**

YES, Always: **STOP HERE**

Temporary Tinnitus

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**

Temporary Tinnitus

YES: **Go to #6**

6. Do you experience tinnitus:

Daily or weekly: **STOP HERE**

Intermittent Tinnitus

Less often than weekly: **STOP HERE**

Occasional Tinnitus
