

# Multimodal Tinnitus Management (MTM) Patient Profile

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Physician Name & Phone \_\_\_\_\_ Preferred Hand: Left  Right

## Section I- Tinnitus Description

1. About how long have you been aware of having tinnitus?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 6-10 years
- e. 11-20 years
- f. 20+ years

2. Were illness, accident, or other circumstances associated with the onset of your tinnitus? If so, please describe briefly:

\_\_\_\_\_

3. How would you best describe your tinnitus using the terms below? (Check all that apply)

- a. High Pitch Ring.....
- b. Pulsating Crickets.....
- c. Pulsating Locusts.....
- d. Wavering Pitch.....
- e. Frying, Hissing.....
- f. Buzz or Roar.....
- g. All of the above.....
- h. Other \_\_\_\_\_

4. When do you hear your tinnitus?

- a. Only when my head is on a pillow.
- b. In quiet only.....
- c. Most of the time except in noise...
- d. All of the time, distracting.....
- e. Very loud, keeps me awake.....

5. How much does your tinnitus cause you sleep problems?

- a. None at all.....
- b. Mildly.....
- c. Moderately.....
- d. Severely.....

6. On a scale from 1 to 10, the softest sound you can imagine representing a 1, to a jet taking off representing a 10, how loud is your tinnitus now? (circle appropriate number below)

**1 2 3 4 5 6 7 8 9 10**

## Section II- Hearing Health Assessment

1. When was the last time you received a complete examination of your hearing and speech understanding ability?

- a. Never.....
- b. One year ago or less.....
- c. 2-5 years ago.....
- d. 6-10 years ago.....
- e. 10+ years ago.....

2. How much of a hearing loss do you feel you have?

- a. None (better than 20dB PTA).....
- b. Mild loss (20dB-40dB PTA).....
- c. Moderate loss (40-65dB PTA).....
- d. Severe loss (65-90dB PTA).....
- e. Profound loss (90dB+).....

3. In which listening situations do you experience difficulty hearing and understanding speech? (check all that apply)

- a. In a noisy restaurant.....
- b. At church/large area meetings..
- c. While driving/riding in a vehicle
- d. On the telephone.....
- e. Hearing the doorbell or phone...
- f. Hearing at distances.....

4. If you have had surgery on your ears, please describe below.

- a. Which ear(s) \_\_\_\_\_ Year(s) \_\_\_\_\_
- b. Which procedure \_\_\_\_\_
- c. By Whom/Where \_\_\_\_\_

5. If you wear or have worn hearing aids what has been your experience? (Describe below)

Type/Model \_\_\_\_\_ Year \_\_\_\_\_

Describe your experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Section III- Lifestyle Contributors**

**Note:** This section covers important lifestyle and dietary practices that contribute mightily to hearing loss and tinnitus, as well to poor health in general. Please, be thorough in your responses.

**1. Which common household and workplace tasks are you exposed to without ear protection? (Check all that apply)**

- a. Electric blender/mixer.....
- b. Vacuum cleaner.....
- c. Lawn mower/trimmer.....
- d. Motorcycle over 250cc.....
- e. Motorboat over 50HP.....
- f. Power saws & tools.....
- g. Power nailer/gun.....
- h. Electric Generator.....
- i. Heavy equipment operation.....
- j. Firearms practice, hunting.....
- k. Loudly amplified music.....
- l. Other \_\_\_\_\_

**2. Which of the following high-risk behaviors/habits describe your health profile?**

(Check all that apply, and include quantities where applicable)

- a. Tobacco use (type \_\_\_\_\_ daily quantity \_\_\_\_\_)
- b. Regular alcohol consumption (type \_\_\_\_\_ daily quantity \_\_\_\_\_)
- c. High Caffeine In-take (Cups of coffee or cokes per day: \_\_\_\_\_)
- d. Other ( \_\_\_\_\_ )

**3. Which items below most closely describe your dietary habits? (Check all that apply)**

- a. Water intake less than 3 quarts/day.....
- b. Food with MSG (Monosodium Glutamate).....
- c. High meat/low fresh vegetable diet.....
- d. Diet mostly of processed foods.....
- e. Diet high in saturated fats.....
- f. Diet high in refined sugar.....
- g. Diet high in table salt/sodium.....
- h. High diet soda consumption ( \_\_\_\_\_ )
- i. Artificially flavored potato/corn chips....

**4. Which environmental exposures are part of your health history that have not been treated with chelation? (Check all that apply)**

- a. Leaded paint, leaded gas exposure.....
- b. Mercury (i.e. amalgam fillings before 1998).....
- c. Long exposure to aluminum cookware..
- d. Significant asbestos exposure.....
- e. DDT, Agent Orange, etc.( \_\_\_\_\_ )
- f. Other: \_\_\_\_\_

**5. Describe your weekly exercise regime.**

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\_\_\_\_\_

**Section IV- Medical Contributors**

**Note:** Because most medications have unintended side effects, we need a basic profile on your current medication (including food supplements) and health history.

**1. Have you been treated for any of the following conditions? (Check all that apply and describe)**

- a. Diabetes (Type I\_\_\_\_, Type II\_\_\_\_, Insipidous\_\_\_\_)
- b. Kidney Disease ( \_\_\_\_\_ )
- c. Cardiovascular Disease (Describe \_\_\_\_\_ )
- d. Liver Disease (Describe \_\_\_\_\_ )
- e. Osteoarthritis(\_\_\_\_) Osteoporosis ( \_\_\_\_ )
- Rheumatoid Arthritis(\_\_\_\_)
- f. Nerve Disorder (Fibro\_\_\_\_ MS\_\_\_\_ Lupus \_\_\_\_ )
- Peripheral Neuropathy\_\_\_\_ Other \_\_\_\_\_
- g. Other (Describe \_\_\_\_\_ )

**2. Below, list all current medications & supplements & their dosages (attach list, if needed)**

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**3. List any traumas, accidents, or other incidents or conditions that you feel may be related to your tinnitus and/or hearing loss:**

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