

# Audiology Clinic: Adult Client Case History

## Tinnitus Addendum

*Note: complete this section only if you hear ringing, buzzing, or other noises in your ears.*

1. How long have you experienced tinnitus?

2. How would you describe what you hear?

3. Is it **constant** or **episodic**? (circle one or describe)

4. What solutions or treatments have you tried?

5. How has tinnitus impacted your quality of life?

- difficulty falling asleep or staying asleep
- difficulty hearing
- difficulty concentrating
- withdrawing from social situations
- irritability
- thoughts of suicide or self-harm due to tinnitus
- Other:

Comments: