Tinnitus important history questions and interpretation.

For use by Physicians, GPs and Clinicians.

Questions to patient	**Interpretation and suggested actions**
What do you believe caused the tinnitus? Did it begin suddenly or develop gradually?	Sudden onset might be due a single event (e.g. a loud noise or traumatic injury). Gradual onset of tinnitus with progressive hearing loss suggests presbyacusis or prolonged noise exposure. Patients work history, age and health are important considerations.
Is a hearing loss present? Is the tinnitus heard in one or both ears, does it fill the head?	Unilateral tinnitus with a conductive hearing loss can be caused by impacted cerumen, otitis media or other middle ear pathology. Tinnitus associated with unilateral sensorineural hearing loss is a red flag for vestibular schwannoma and requires further diagnostic testing.
Is the tinnitus continuous? What does it sound like?	Pulsatile tinnitus suggests a vascular origin and should have an evaluation by a physician.
What medications are being used? Do you have any ongoing medical problems?	Check for ototoxicity, can the medical problems be better managed? Work with the patient's physician to ascertain if withdrawal of drugs that may be causing or aggravating tinnitus is possible.
Does the tinnitus change with neck movement or oral-facial movements?	Somatosensory modulation of tinnitus is common. If related to a physical problem, referral to a physiotherapist should be considered.
Do you have a sore or clicking jaw, or facial pain?	Indicates the need for an evaluation of the Temporomandibular Joint (TMJ) by an orthodontist or otologist.
Are there any things that make the tinnitus better or worse?	Stress frequently exacerbates tinnitus as well as intense noise exposure. Stress management and appropriate hearing protection may be necessary.