Tinnitus Doctor Visit Checklist

Questions & Symptoms To Write Down Before Your Appointment
Free Printable - TinnitusCureGuide.com

How to use: Fill in only the sections that apply to you. This checklist is designed to help organize your observations and questions before a healthcare appointment. It is not a diagnostic tool.

1. When Did Your Tinnitus Start?

Date or approximate date: _____

- ■ It seemed to begin suddenly
- ■ It seemed to begin gradually
- ■ I'm not sure

_____

What was happening around the time you first noticed it?

_____

_____

Has it changed since it began? ■ Yes ■ No ■ Not sure

_____

2. Where Do You Hear The Tinnitus?

- ■ Left ear
- ■ Right ear
- ■ Both ears
- ■ Seems to be inside my head
- ■ Difficult to tell
- ■ Other: _____

3. What Does It Sound Like?

- ■ Ringing
- ■ Buzzing
- ■ Hissing
- ■ Humming
- ■ Whistling
- ■ Roaring
- ■ Clicking
- ■ Squealing / high-pitched tone
- ■ Whooshing
- ■ Other: _____

Describe the sound in your own words:

_____

_____

4. How Often Do You Notice It?

- ■ Constantly
- ■ Several times a day
- ■ Once or twice a day

■ A few times a week

■ Occasionally

■ It varies

■ Not sure

If it comes and goes, about how long does an episode last?

_____

When do you notice it more? ■ Morning ■ Afternoon ■ Evening ■ Bedtime ■ Night ■ Quiet environments ■ No obvious pattern

5. Does The Sound Seem To Follow Your Heartbeat?

■ Yes

■ No

■ Sometimes

■ I'm not sure

If yes, describe what you notice:

_____

_____

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6. Hearing Changes

- ■ No hearing changes that I've noticed
- ■ Hearing seems worse in my left ear
- ■ Hearing seems worse in my right ear
- ■ Hearing seems worse in both ears
- ■ Sounds seem muffled
- ■ Difficulty understanding conversations
- ■ I turn up TV/music more than before
- ■ More sensitive to certain sounds
- ■ Ear feels blocked or full
- ■ Other: _____

Anything else you want to mention about your hearing?

_____

_____

7. Other Symptoms Or Changes

- ■ Ear pain or discomfort
- ■ Ear pressure / fullness
- ■ Dizziness
- ■ Balance problems
- ■ Headaches
- ■ Ear drainage
- ■ Jaw discomfort
- ■ Jaw clicking
- ■ Neck discomfort
- ■ Changes in hearing
- ■ Difficulty sleeping
- ■ Difficulty concentrating
- ■ Other: _____

Additional details:

_____

_____

8. Recent Noise Exposure

- ■ Concert or live music
- ■ Loud headphones / earbuds
- ■ Power tools
- ■ Lawn equipment
- ■ Loud workplace
- ■ Sporting event
- ■ Fireworks

■ Sudden extremely loud sound

■ Other unusually loud environment

■ No unusual noise exposure I remember

What happened and approximately when?

_____

_____

9. Recent Health Or Lifestyle Changes

■ Recent illness

■ Cold or congestion

■ Ear infection

■ Head or neck injury

■ Dental work

■ Increased stress

■ Major sleep changes

■ New medication

■ Medication dose change

■ New supplement

■ Other: _____

Details:

_____

_____

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10. Medications And Supplements

List prescription medicines, over-the-counter medicines, vitamins, and supplements you want to discuss.

#	Medication / Supplement	Dose (If Known)	How Often	When Started
1				
2				
3				
4				
5				

Important: Do not stop or change medication based only on this checklist. Discuss medication questions with an appropriately qualified healthcare professional.

11. How Is Tinnitus Affecting Your Daily Life?

- ■ Falling asleep
- ■ Staying asleep
- ■ Concentration
- ■ Work
- ■ Reading
- ■ Relaxing
- ■ Conversations
- ■ Social activities
- ■ Mood
- ■ Everyday activities
- ■ It currently has little effect on my daily life

The biggest difficulty tinnitus causes me is:

_____

_____

Questions To Ask Your Doctor

- ■ Are there possible causes of my tinnitus that should be evaluated?
- ■ Should my hearing be tested?
- ■ Would seeing an audiologist be appropriate?
- ■ Would seeing an ENT specialist be appropriate?
- ■ Could any of my medications or supplements be relevant?
- ■ Are there symptoms or changes I should watch for?
- ■ What can I safely do to make tinnitus less disruptive?
- ■ What options are available if tinnitus affects my sleep or concentration?

- Should I schedule a follow-up appointment?
- What should make me seek medical attention sooner?

My Own Questions

1. _____

2. _____

3. _____

4. _____

5. _____

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What To Bring To Your Appointment

- ■ This completed tinnitus checklist
- ■ Current medication and supplement list
- ■ Your 30-Day Tinnitus Symptom Diary, if you completed one
- ■ Previous hearing test information, if available
- ■ Relevant medical information your healthcare provider asked you to bring
- ■ Your list of questions
- ■ Pen or phone for taking notes

Appointment Notes

Date of appointment: _____

Healthcare professional: _____

Things I want to remember:

_____

_____

_____

_____

_____

Next appointment or follow-up:

_____

_____

Questions I still have:

_____

_____

_____