

Tinnitus Reaction Questionnaire (TRQ)

Patient Name _____ Date Completed _____

This questionnaire is designed to find out what sort of effects Tinnitus has had on your lifestyle, general wellbeing, etc. Some of the effects below may apply to you and some may not. Please answer all questions by marking the column that **best reflects** how your Tinnitus has affected you **over the past week**.

My Tinnitus has...	No	A Little	Some	Often	Always
made me unhappy					
made me feel tense					
made me feel irritable					
made me feel angry					
led me to cry					
led me to avoid quiet situations					
made me feel less interested in going out					
made me feel depressed					
made me feel annoyed					
made me feel confused					
driven me crazy					
interfered with my enjoyment of life					
made it hard for me to concentrate					
made it hard for me to relax					
made me feel distressed					
made me feel helpless					
made me feel frustrated with things					
interfered with my ability to work					
led me to despair					
led me to avoid noisy situations					
led me to avoid social situations					
made me feel hopeless about the future					
interfered with my sleep					
led me to think about suicide					
made me feel panicky					
made me feel tormented					
TOTAL	_____	_____	_____	_____	_____

Over the past week, what percentage of time were you aware of your Tinnitus _____ %
 During the times you were aware, what percentage of time was it bothersome _____ %