

Tinnitus Screener

During the PAST YEAR:

1. Have you experienced a sudden tone in one ear that lasted less than 5 minutes?
☐ NO: (suggests *no Transient Ear Noise*, which is unlikely; ask again, then go to #2)
☐ YES: *Transient Ear Noise* (Go to #2)
2. Have you experienced ear or head noise lasting at least 5 minutes?
☐ NO: STOP HERE (*Transient Ear Noise* only)
☐ YES: Go to #3
3. In a quiet room, can you hear the ear or head noise?
☐ Always/Usually: STOP HERE (*Constant Tinnitus*)
☐ Sometimes/Occasionally: Go to #4
4. When you heard ear or head noise, was it caused by some event?
(Examples: loud concert, head cold, allergies, some medications)
☐ NO: Go to #6
☐ YES: Go to #5
☐ YES, Every time: STOP HERE (*Temporary Ear Noise*)
5. Does your ear or head noise seem to “come and go” on its own, in addition to being caused by some event?
☐ NO: STOP HERE (*Temporary Ear Noise*)
☐ YES: Go to #6
6. Do you experience ear or head noise lasting at least 5 minutes:
☐ At least every week? STOP HERE (*Intermittent Tinnitus*)
☐ Less often than every week? STOP HERE (*Occasional Ear Noise*)

Transient Ear Noise = sudden perception of a tone in one ear, often accompanied by a sense of ear fullness and hearing loss. Symptoms resolve within a few minutes.

Temporary Ear Noise = noise in the ears/head that results from exposure to loud sound. Can also be caused by some medications and medical conditions. Recovers within ~1 week.

Occasional Ear Noise = noise in the ears/head that lasts at least 5 minutes and occurs *less than weekly*.

Intermittent Tinnitus = noise in the ears/head that lasts at least 5 minutes and occurs *at least weekly*.

Constant Tinnitus = noise in the ears/head that can always be heard in a quiet environment.

Adapted from:

Henry JA, Griest S, Austin D, et al. Tinnitus Screener: Results from the first 100 participants in an epidemiology study. *American Journal of Audiology*. 2016;25(2):153-60.

Thielman EJ, Reavis KM, Theodoroff SM, et al. Tinnitus Screener: Short-term test-retest reliability. *American Journal of Audiology*. 2023;32(1):232-242.