Questionnaire for VTP-evaluation (V= Vertigo T=Tinnitus P=Pain) ©

Name:______________________________Civic Registration Number:______________
Address: ____
Home Telephone: _____________________
Work Telephone: _____________________
Mobile Phone: ________________________
E-mail: ____________________________________ Date:_____________

Occupation:________________________ Student ☐ Retired ☐ On Sick Leave ☐ _____%

Are you suffering from any of the following medical conditions?

	Yes	No
Cardiovascular disease		
Joint/Muscular disease		
Gastric problems (Gastritis – Gastric Ulcer)		
Skin problems		
Hypersensitivity		
Other conditions (state)		
Previous medical history		
Do you take any medication?		

The name of the medication is:

Grade to what extent you experience the following symptoms by putting a cross on the line
Vertigo
None at all ____ the worst imaginable

Tinnitus
None at all ____ the worst imaginable

Pain/Headache
None at all ____ the worst imaginable

Describe yourself by putting a cross on the line

Calm/Stable____ Nervous/Anxious

Describe how much you enjoy being at work/school by putting a cross on the line

Enjoy it ____ Dislike it

Describe how you experience your home life by putting a cross on the line

Harmonious ____ Disharmonius

Indicate the frequency of which you have experienced any of the following.

	Never	1-2 times a year	1-2 times a month	1-2 times a week	Several times a week	Daily
Pain or ache in the face or jaw						
Pain whilst moving the jaw (chewing)						
Difficulty in opening the jaw wide						
Feelings of fatigue in the jaw						
Clicking sounds in the joints of the jaw						
Dislocation or jamming of the jaw						
Toothache or sharp pain in the teeth						
Smarting pain in the tongue and mouth						
Difficulties in swallowing						
Headache / Neck pain						
Migraine						
Sensitivity to sounds						
Deaf feeling / Right Left Both						
Sound experience, Tinnitus						
Vertigo or feeling of unsteadiness						

Which of the above symptoms do you find most troublesome?_________________________

If you are troubled by vertigo or unsteadiness, is it caused by any of the following actions?

Looking upwards	Yes	No
Looking sideways rapidly	Yes	No
Looking downwards	Yes	No
Getting up rapidly	Yes	No
Standing still	Yes	No

Other?
Describe____

If you are troubled by tinnitus, describe the sounds you hear as carefully as you can!

____

Can you change or provoke tinnitus by performing any of the following movements with the jaw:

Clenching your teeth	Yes	No	Increase	Decrease
Opening up widely	Yes	No	Increase	Decrease
Moving the lower jaw /				
to the maximum right position	Yes	No	Increase	Decrease
to the maximum left position	Yes	No	Increase	Decrease
Moving the lower jaw forward	Yes	No	Increase	Decrease

Other ?
Describe.____

Do your symptoms change due to level of stress that you experience?

Yes vertigo Yes tinnitus Yes pain No

In what way? ____

____

How troublesome are your symptoms?

I am currently or have periodically been on sick-leave due to my symptoms	Yes	No
My sleep is disturbed	Yes	No
My private life is affected	Yes	No
My work/studies are affected	Yes	No
I need to take pain relief and/or sleeping tablets.	Yes	No

Try to evaluate your current troubles using the following scale

Nil or insignificant troubles	Yes
Slight\ troubles	Yes
Moderate troubles	Yes
Fairly severe troubles	Yes
Severe troubles	Yes

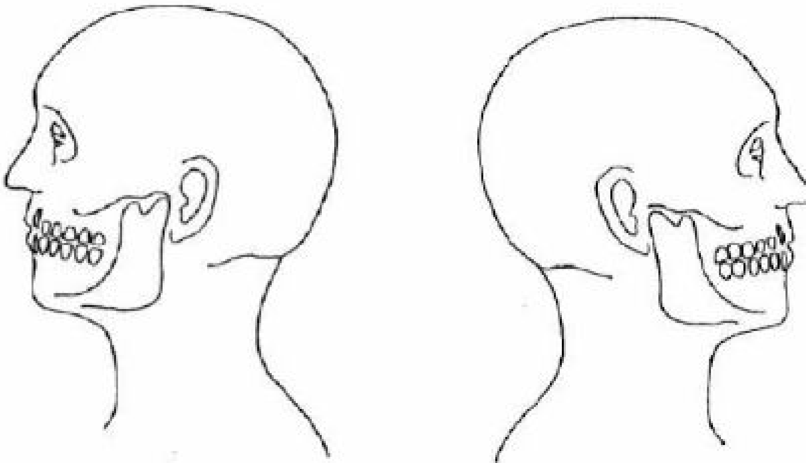
Are you aware of, if you:

Clench your teeth?	Yes	No
Grind your teeth?	Yes	No
Press with the tongue?	Yes	No
Bite your cheek, tongue?	Yes	No
Bite your nails?	Yes	No
Feel tense?	Yes	No
Do you tend to do any of the above more often when you are under stress?	Yes	No

Using the diagram below, illustrate where you experience any of the following:

Aches/pain in the head or neck, smarting or sensitive teeth.

Left Right



List the treatments that you have received and indicate how your symptoms have been affected.

1.____ Better Worse Unchanged

2.____ Better Worse Unchanged

3.____ Better Worse Unchanged

4.____ Better Worse Unchanged

5.____ Better Worse Unchanged

TINNITUS ANAMNESIS YTS ©

Name:________________________________Civic Registration Number___________________
Date:________________

When did your tinnitus begin?____

What do you believe is the reason for your tinnitus?____________________________________

Where do you hear your tinnitus?

only on the □ left side	only on the □ right side	just as much □ on both sides	both sides but □ predominantly on the left side	both sides but □ predominantly on the right side

Inside the head without any special location □

outside the head □

How did your tinnitus begin?

The sound came lingering slowly during a longer period of time □
It came all of a sudden □
It was "just there" one day □

Is your tinnitus always present? Yes □ No □
For how long is tinnitus gone if it disappears?
Minutes □ Days □ Weeks □ Hours □

The loudness of tinnitus is: always the same □ varies □

If the loudness of tinnitus varies.
Describe
how/when____

How does the pitch of tinnitus change from low to high? always the same □ varies □

If the pitch of tinnitus varies,
Describe
how/when____

When you are subjected to sounds from outside, tinnitus is felt..

a lot weaker ☐ unchanged ☐ slightly weaker ☐ worse ☐

What of the following conceals tinnitus?

traffic ☐ radio/TV ☐ running water/shower ☐ machines ☐ nothing ☐

Other, what?____

Degree of inconvenience	slight	moderate	great	total	don't know
To what extent does tinnitus affect your quality of life	☐	☐	☐	☐	☐
When you are awake and in a quiet environment, how much inconvenience do you get from tinnitus then?	☐	☐	☐	☐	☐

How often do you experience	never	seldom	often	always	don't know
tinnitus when you are awake?	☐	☐	☐	☐	☐
How often does tinnitus affect your concentration?	☐	☐	☐	☐	☐
How often do you have trouble falling asleep because of tinnitus?	☐	☐	☐	☐	☐
How often can you repress or ”forget” tinnitus?	☐	☐	☐	☐	☐
How often does tinnitus make you feel anxious?	☐	☐	☐	☐	☐
How often does tinnitus make you feel unhappy?	☐	☐	☐	☐	☐

Did you have a hearing examination? yes ☐ no ☐

If you have a hearing impairment, what side? right ☐ left ☐ both ☐

The audiogram shows a hearing impairment in the bass ☐ the treble ☐