

What is your primary means of communication? _____

What ear do you normally use on the phone? _____

Please check all of the following that you have had:

- Measles Mumps Rubella CMV Circulatory Problems
- Malaria Diabetes Meningitis Cancer Kidney infection
- Otosclerosis Allergies Swimmers ear Other _____

What medications/treatments have you had for any of the above? _____

What medications are you currently taking? _____

Which of these qualities best describes your tinnitus (head noise/ringing in the ears)?

- Ringing Whistling Roaring Shh Rushing
- Humming Cricket-like Buzzing Hissing Other _____

Which of the following best describe the location of your tinnitus?

- Right Ear Left Ear Both Ears Equally
- Right More on Left Left More on Right In Middle of Head
- In Head More on Right In Head More on Left Other _____

Does your tinnitus fluctuate in pitch and/or intensity?

Pitch Y/ N (details) Intensity Y/ N (details)

Is your tinnitus? Constant (always present) Intermittent (comes and goes) Pulsed (like heart beat)

When did you first become aware of you tinnitus? _____

When did you tinnitus become disturbing? _____

What do you consider to have caused you tinnitus? _____

What makes your tinnitus worse (e.g. emotions/medications)? _____

What makes your tinnitus better? _____

Mark Y (yes) or N (no) to answer question in gray. If yes, answer sub-questions; if no, move to next question in gray.

Answer	Question/Sub-Questions	Answer to Sub-Question
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have a history of work related noise exposure?	
	Type of work?	
	How long were you exposed?	
	Did/Do you use ear protection?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have a history of military related noise exposure?	
	How often were/are you exposed?	
	Type of noise?	
	Did/Do you use ear protection?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Are you exposed to loud noises through your hobbies?	
	Type of noise (e.g. concerts, carpentry, hunting)?	
	How often?	
	Did/Do you wear ear protection?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Have you consulted a professional about you tinnitus?	
	What did they attribute your tinnitus to?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Have you tried any treatments for your tinnitus?	
	What treatments have you tried? <i>If other please specify treatment in space below selection.</i>	<input type="checkbox"/> Counseling <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other (specify) <input type="checkbox"/> TRT <input type="checkbox"/> Music Therapy _____
	How successful did you find these treatments?	

Answer questions by filling in answer column with appropriate response and placing any additional comments in comment section.

Answer	Question	Comments (How?)
<input type="checkbox"/> Y <input type="checkbox"/> N	Has tinnitus affected your home life?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Has tinnitus affected your work life?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Has tinnitus affected your social life?	
Answer	Over the past week....	Comments
%	What percentage of the time (awake) did you notice you tinnitus?	
%	What percentage of the time (awake) was it disturbing?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Has your tinnitus prevented you from getting sleep?	
	How many times per night, due to tinnitus, did you awake?	
Answer	Do you...	Comments
<input type="checkbox"/> Y <input type="checkbox"/> N	Find external sounds, that others can tolerate, uncomfortable/unpleasant	
<input type="checkbox"/> Y <input type="checkbox"/> N	Dislike certain external sounds?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Find that moderately loud sounds make your tinnitus worse?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Have feelings of ear fullness/blockage?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Regularly take aspirin?	

Please answer **all statements** by marking the number that **best reflects** how your tinnitus has affected you **over the past week**.

Tinnitus Reaction Questionnaire	Not at All	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me feel unhappy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. My tinnitus has made me feel tense.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. My tinnitus has made me feel irritable.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. My tinnitus has made me feel angry.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. My tinnitus has led me to cry.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. My tinnitus has led me to avoid quiet situations.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. My tinnitus has made me feel less interested in going out.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. My tinnitus has made me feel depressed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. My tinnitus has made me feel annoyed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. My tinnitus has made me feel confused.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. My tinnitus has "driven me crazy".	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. My tinnitus has interfered with my enjoyment of life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. My tinnitus has made it hard for me to concentrate.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. My tinnitus has made it hard for me to relax.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. My tinnitus has made me feel distressed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16. My tinnitus has made me feel helpless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17. My tinnitus has made me feel frustrated with things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. My tinnitus has interfered with my ability to work.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. My tinnitus has led me to despair.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. My tinnitus has led me to avoid noisy situations.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
21. My tinnitus has led me to avoid social situations.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
22. My tinnitus has made me feel hopeless about the future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
23. My tinnitus has interfered with my sleep.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
24. My tinnitus has led me to think about suicide.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
25. My tinnitus has made me feel panicky.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
26. My tinnitus has made me feel tormented.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Total Scores:					

Final Score: _____

Signature _____

Relationship if other than patient _____

**University of North Texas
Speech and Hearing Center**

Authorization

Client Name: _____

The University of North Texas Speech and Hearing Center is a training facility designed to provide speech-language pathology and audiology student clinicians with clinical experience. Student clinicians are involved in all aspects of client service delivery. All clinical services are provided under the guidance/supervision of clinical supervisors who hold current state licensure and national certification in Speech-Language Pathology or Audiology. Additionally, student observers may be assigned to observe evaluation/treatment sessions conducted in the center. At times, videotapes of evaluation/therapy sessions are made to assist student clinicians/supervisors in evaluating and planning therapy activities. These videotapes are viewed only by students/clinicians of the Center involved in the case.

_____ **I hereby authorize the University of North Texas Speech and Hearing Center to render Speech-Language Pathology/Audiology services to me.**

_____ **I hereby authorize students of the Department of Speech and Hearing Sciences to observe evaluation/treatment sessions.**

_____ **I hereby authorize videotaping of sessions for use by the student/supervisor assigned to me.**

Signature: _____

Date: _____

**University of North Texas
Speech and Hearing Center**

**Authorization to Release
Protected Health Information**

I hereby authorize the University of North Texas Speech and Hearing Center to release my protected health information to:

Agency/Individual Name

Address

Phone Number

Fax Number

For the purpose of:

I authorize release of the following:

I understand that I may revoke this authorization by submitting a written request to the Center. Such a revocation does not apply to releases prior to the date of the request.

Client or Legal Guardian

Date

For Internal Purposes
Only:

**University of North Texas
Speech and Hearing Center**

Information Regarding Protected Health Information

I have read the Notice of Health Information Practices provided by the University of North Texas Speech and Hearing Center. I understand how the Center will utilize my protected health information (PHI) and my rights regarding my protected health information.

Client or Parent/Guardian

Date

University of North Texas Speech and Hearing Center

Notice of Health Information Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

The UNT Speech and Hearing Center is committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit the UNT Speech and Hearing Center, a record of your visit is made. Typically, this record contains documentation of treatment you received and recommendations for future treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the other health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided

How Your Protected Health Information (PHI) is Used or Disclosed

The following information describes how we may use your PHI without your written consent. Your PHI will be used by the UNT Speech and Hearing Center for treatment, payment, or healthcare operations (TPO). Some specific examples include:

Treatment – Your PHI may be shared with other Health Care professionals in order to provide you the best care. These Health Care professionals may be other clinicians within the UNT Speech and Hearing Center or other providers outside of the Center who are involved in your treatment.

Payment – Your PHI may be shared with billing personnel in order to assure that you are properly charged for services provided. PHI may also be shared with your medical insurance plan administrators to assure payment of a claim.

Health Care Operations – Your PHI may be shared with the UNT Speech and Hearing Center personnel to schedule appointments, order hearing aides, and for quality assurance/improvement efforts. Your PHI may be disclosed to others outside the Center as required by state or federal laws.

The Center may also disclose PHI:

- In order to contact you regarding appointments
- For activities related to supervision of student clinicians involved in your care
- To you, the patient, or if the patient is a minor, to the legal guardian
- To others involved in your care – such as family members
- For law enforcement purposes
- To correctional institutions
- For national security or intelligence
- For fund raising activities for the Speech and Hearing Center, or for UNT

Release of Protected Health Information (PHI)

Except for the situations described above, you must sign an authorization to release your PHI. This authorization will specify who the information will be released to and for what purpose. The Speech and Hearing Center will maintain records of authorized release of your PHI. You may request an accounting of those releases in writing, and you may receive one copy of the accounting detailing all release over the past 12 month period (subsequent to April 14, 2003) free of charge. You may also request specific restrictions for release of your PHI although the center is not required to agree to all requested restrictions. You may revoke an authorization by submitting a written request to the center; however, such a revocation is only valid from the date of the written request and does not include releases prior to that date.

Your Rights to Access/Amend Your PHI

You have the right to inspect and copy your PHI. Requests for inspection must be submitted to the Center in writing, and the Center must respond within 15 days or request a 30-day extension with cause for extension stated. Request to change or amend PHI must be made in writing. Such requests may be denied by the Center.

Responsibilities of the Speech and Hearing Center Regarding Your PHI

The Speech and Hearing Center is required to:

- Maintain the privacy of your health information
- Provide you with this notice of our legal duties and privacy practices regarding your health information
- Allow you access to your health information
- Notify you if we are unable to agree to a restriction regarding release of your information

The Speech and Hearing Center is required by law to provide public notice that assures privacy of PHI is maintained. The Center is required to provide clients with notice of the Center's privacy practices for PHI. The Center may make changes to the privacy practices; however, those changes must be described in an updated Privacy Notice before changes are implemented. The updated Privacy Notice will be available to patients upon request.

Your Rights to Report a Complaint or Problem

You have the right to report a complaint if you believe your privacy rights have been violated. The complaint should be submitted in writing and should specify how the privacy policies were violated. The complaint must be filed within 180 days of the act or omission. The complainant will not be subject to any retaliation for filing a complaint.

To obtain further information on the UNT Speech and Hearing Center policies regarding Protected Health Information

Or

To file a complaint regarding Protected Health Information contact:

Kathy Thomas
Director, Speech and Hearing Center
PO Box 305010
Denton, TX 76203-5010
940-369-7339
kathyt@unt.edu

The UNT Speech and Hearing Center welcomes the opportunity to serve a diverse clientele. We do not discriminate with regard to gender, sexual orientation, age, race, creed, national origin or, disability.