

# Tinnitus Reaction Questionnaire (TRQ)

**For Patient**

Subject Number: 2014-045- Date: \_\_\_\_\_

This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that **best reflects** how your tinnitus has affected you **over the past week**.

|   | 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 unhappy.                           | 0          | 1                    | 2                | 3                       | 4                      |
| 2. My tinnitus has made me feel tense.                        | 0          | 1                    | 2                | 3                       | 4                      |
| 3. My tinnitus has made me feel irritable.                    | 0          | 1                    | 2                | 3                       | 4                      |
| 4. My tinnitus has made me feel angry.                        | 0          | 1                    | 2                | 3                       | 4                      |
| 5. My tinnitus has led me to cry.                             | 0          | 1                    | 2                | 3                       | 4                      |
| 6. My tinnitus has led me to avoid quiet situations.          | 0          | 1                    | 2                | 3                       | 4                      |
| 7. My tinnitus has made me feel less interested in going out. | 0          | 1                    | 2                | 3                       | 4                      |
| 8. My tinnitus has made me feel depressed.                    | 0          | 1                    | 2                | 3                       | 4                      |
| 9. My tinnitus has made me feel annoyed.                      | 0          | 1                    | 2                | 3                       | 4                      |
| 10. My tinnitus has made me feel confused.                    | 0          | 1                    | 2                | 3                       | 4                      |
| 11. My tinnitus has "driven me crazy".                        | 0          | 1                    | 2                | 3                       | 4                      |
| 12. My tinnitus has interfered with my enjoyment of life.     | 0          | 1                    | 2                | 3                       | 4                      |
| 13. My tinnitus has made it hard for me to concentrate.       | 0          | 1                    | 2                | 3                       | 4                      |
| 14. My tinnitus has made it hard for me to relax.             | 0          | 1                    | 2                | 3                       | 4                      |
| 15. My tinnitus has made me feel distressed.                  | 0          | 1                    | 2                | 3                       | 4                      |
| 16. My tinnitus has made me feel helpless.                    | 0          | 1                    | 2                | 3                       | 4                      |
| 17. My tinnitus has made me feel frustrated with things.      | 0          | 1                    | 2                | 3                       | 4                      |
| 18. My tinnitus has interfered with my ability to work.       | 0          | 1                    | 2                | 3                       | 4                      |
| 19. My tinnitus has led me to despair.                        | 0          | 1                    | 2                | 3                       | 4                      |
| 20. My tinnitus has led me to avoid noisy situations.         | 0          | 1                    | 2                | 3                       | 4                      |
| 21. My tinnitus has led me to avoid social situations.        | 0          | 1                    | 2                | 3                       | 4                      |
| 22. My tinnitus has made me feel hopeless about the future.   | 0          | 1                    | 2                | 3                       | 4                      |
| 23. My tinnitus has interfered with my sleep.                 | 0          | 1                    | 2                | 3                       | 4                      |
| 24. My tinnitus has led me to think about suicide.            | 0          | 1                    | 2                | 3                       | 4                      |
| 25. My tinnitus has made me feel panicky.                     | 0          | 1                    | 2                | 3                       | 4                      |
| 26. My tinnitus has made me feel tormented.                   | 0          | 1                    | 2                | 3                       | 4                      |
| Total   |            |                      |                  |                         |                        |

|   |   |
|---|---|
| <b>Over the past week</b> , what percentage of time were you aware of your tinnitus?                  | % |
| During the time that you were aware of your tinnitus, what percentage of that time was it bothersome? | % |

## Tinnitus Handicap Inventory (THI)

Subject Number: 2014-045-\_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.

|     |  |                      |
|-----|--|----------------------|
| 1.  | Because of your tinnitus, is it difficult for you to concentrate?  | Yes / Sometimes / No |
| 2.  | Does the loudness of your tinnitus make it difficult for you to hear people?   | Yes / Sometimes / No |
| 3.  | Does your tinnitus make you angry?   | Yes / Sometimes / No |
| 4.  | Does your tinnitus make you feel confused?   | Yes / Sometimes / No |
| 5.  | Because of your tinnitus, do you feel desperate?   | Yes / Sometimes / No |
| 6.  | Do you complain a great deal about your tinnitus?  | Yes / Sometimes / No |
| 7.  | Because of your tinnitus, do you have trouble falling to sleep at night?   | Yes / Sometimes / No |
| 8.  | Do you feel as though you cannot escape your tinnitus?   | Yes / Sometimes / No |
| 9.  | Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? | Yes / Sometimes / No |
| 10. | Because of your tinnitus, do you feel frustrated?  | Yes / Sometimes / No |
| 11. | Because of your tinnitus, do you feel that you have a terrible disease?  | Yes / Sometimes / No |
| 12. | Does your tinnitus make it difficult for you to enjoy life?  | Yes / Sometimes / No |
| 13. | Does your tinnitus interfere with your job or household responsibilities?  | Yes / Sometimes / No |
| 14. | Because of your tinnitus do you find that you are often irritable?   | Yes / Sometimes / No |
| 15. | Because of your tinnitus, is it difficult for you to read?   | Yes / Sometimes / No |
| 16. | Does your tinnitus make you upset?   | Yes / Sometimes / No |
| 17. | Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?      | Yes / Sometimes / No |
| 18. | Do you find it difficult to focus your attention away from your tinnitus and on other things?                                | Yes / Sometimes / No |
| 19. | Do you feel that you have no control over your tinnitus?   | Yes / Sometimes / No |
| 20. | Because of your tinnitus, do you often feel tired?   | Yes / Sometimes / No |
| 21. | Because of your tinnitus, do you feel depressed?   | Yes / Sometimes / No |
| 22. | Does your tinnitus make you feel anxious?  | Yes / Sometimes / No |
| 23. | Do you feel that you can no longer cope with your tinnitus?  | Yes / Sometimes / No |
| 24. | Does your tinnitus get worse when you are under stress?  | Yes / Sometimes / No |
| 25. | Does your tinnitus make you feel insecure?   | Yes / Sometimes / No |

# Tinnitus History Questionnaire

Subject Number: 2014-045-\_\_\_\_\_  
Date Completed: \_\_\_\_\_



## Nature of the Tinnitus

How does the tinnitus sound?

---

Usual site of the tinnitus? (Circle)

Left = Right      Left worse than Right      Right worse than Left      Central

Is the tinnitus constant or intermittent?

---

Does the tinnitus fluctuate in intensity or loudness?

---

What makes your tinnitus worse?

---

What makes your tinnitus better?

---

## Tinnitus History

When did you first become aware of your tinnitus?

---

When did your tinnitus first become disturbing?

---

Under what circumstances did the tinnitus start?

---

What do you consider to have started the tinnitus?

---

Who have you consulted about your tinnitus?

---

What have previous professionals said your tinnitus is due to?

---

## What treatments have you tried for your tinnitus?

None

Hearing Aid

Masker

TRT

Counselling

Music Therapy

Other - please comment

How successful did you find these treatments?

---

---

---

---





# Tinnitus History Questionnaire

Subject Number: 2014-045- \_

Date Completed: \_\_\_\_\_

Please rank the auditory problems you experience from most troublesome (1) to least troublesome (3)

|  |                            |
|--|----------------------------|
|  | Hearing Loss               |
|  | Tinnitus                   |
|  | Sensitivity to Loud Sounds |

## Effect of the Tinnitus

- Does your tinnitus prevent you from getting to sleep at night?
- How many times per night did you awake in the last week?
- How has tinnitus affected your work life?
- How has tinnitus affected your home life?
- How has tinnitus affected your social activities?

| Y/N | Details/Comments |
|-----|------------------|
|     |                  |
|     |                  |
|     |                  |
|     |                  |

## General Health

- What is your general health like?
- Are you taking any medications?  
If yes, please specify.

|  |
|--|
|  |
|  |
|  |

## Compensation

- Are you currently pursuing any form of compensation, sickness benefit, DVA, motor vehicle accident claim or any other legal action in relation to your tinnitus?

| Y/N | Details/Comments |
|-----|------------------|
|     |                  |

Is there anything else you would like to add that might be relevant to understanding what caused your tinnitus?

# TINNITUS FUNCTIONAL INDEX (TFI)

Today's Date \_\_\_\_\_  
 \_\_\_\_\_  
 Month / Day / Year

Subject Number: 2014-045-\_\_\_\_\_

**Please read each question below carefully. To answer a question, select *ONE* of the numbers that is listed for that question, and draw a *CIRCLE* around it like this: 10% or 1.**

## I Over the PAST WEEK...

1. What percentage of your time awake were you consciously **AWARE OF** your tinnitus?

Never aware ► 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ Always aware

2. How **STRONG** or **LOUD** was your tinnitus?

Not at all strong or loud ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Extremely strong or loud

3. What percentage of your time awake were you **ANNOYED** by your tinnitus?

None of the time ► 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% ◀ All of the time

## SC Over the PAST WEEK...

4. Did you feel **IN CONTROL** in regard to your tinnitus?

Very much in control ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Never in control

5. How easy was it for you to **COPE** with your tinnitus?

Very easy to cope ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Impossible to cope

6. How easy was it for you to **IGNORE** your tinnitus?

Very easy to ignore ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Impossible to ignore

## C Over the PAST WEEK...

7. Your ability to **CONCENTRATE**?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely interfered

8. Your ability to **THINK CLEARLY**?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely interfered

9. Your ability to **FOCUS ATTENTION** on other things besides your tinnitus?

Did not interfere ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Completely interfered

## SL Over the PAST WEEK...

10. How often did your tinnitus make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?

Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Always had difficulty

11. How often did your tinnitus cause you difficulty in getting **AS MUCH SLEEP** as you needed?

Never had difficulty ► 0 1 2 3 4 5 6 7 8 9 10 ◀ Always had difficulty

12. How much of the time did your tinnitus keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?

None of the time ► 0 1 2 3 4 5 6 7 8 9 10 ◀ All of the time

Please read each question below carefully. To answer a question, select **ONE** of the numbers that is listed for that question, and draw a **CIRCLE** around it like this: **10%** or **1**.

| A | Over the PAST WEEK, how much has your tinnitus interfered with...   | <i>Did not interfere</i> | <i>Completely interfered</i> |
|---|---|--------------------------|------------------------------|
|   |   | ▼                        | ▼                            |
|   | 13. Your ability to <b>HEAR CLEARLY</b> ?   | 0                        | 10                           |
|   | 14. Your ability to <b>UNDERSTAND PEOPLE</b> who are talking?   | 0                        | 10                           |
|   | 15. Your ability to <b>FOLLOW CONVERSATIONS</b> in a group or at meetings?  | 0                        | 10                           |
| R | Over the PAST WEEK, how much has your tinnitus interfered with...   | <i>Did not interfere</i> | <i>Completely interfered</i> |
|   |   | ▼                        | ▼                            |
|   | 16. Your <b>QUIET RESTING ACTIVITIES</b> ?  | 0                        | 10                           |
|   | 17. Your ability to <b>RELAX</b> ?  | 0                        | 10                           |
|   | 18. Your ability to enjoy " <b>PEACE AND QUIET</b> "?   | 0                        | 10                           |
| Q | Over the PAST WEEK, how much has your tinnitus interfered with...   | <i>Did not interfere</i> | <i>Completely interfered</i> |
|   |   | ▼                        | ▼                            |
|   | 19. Your enjoyment of <b>SOCIAL ACTIVITIES</b> ?  | 0                        | 10                           |
|   | 20. Your <b>ENJOYMENT OF LIFE</b> ?   | 0                        | 10                           |
|   | 21. Your <b>RELATIONSHIPS</b> with family, friends and other people?  | 0                        | 10                           |
|   | 22. How often did your tinnitus cause you to have difficulty performing your <b>WORK OR OTHER TASKS</b> , such as home maintenance, school work, or caring for children or others?<br><br><i>Never had difficulty</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Always had difficulty</i> | 0                        | 10                           |
| E | Over the PAST WEEK...   |                          |                              |
|   | 23. How <b>ANXIOUS</b> or <b>WORRIED</b> has your tinnitus made you feel?<br><br><i>Not at all anxious or worried</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely anxious or worried</i>  |                          |                              |
|   | 24. How <b>BOTHERED</b> or <b>UPSET</b> have you been because of your tinnitus?<br><br><i>Not at all bothered or upset</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely bothered or upset</i>  |                          |                              |
|   | 25. How <b>DEPRESSED</b> were you because of your tinnitus?<br><br><i>Not at all depressed</i> ► 0 1 2 3 4 5 6 7 8 9 10 ◀ <i>Extremely depressed</i>  |                          |                              |

## Iowa Tinnitus Primary Function Questionnaire (TPFQ; v1)

Subject Number: 2014-045- Date: \_\_\_\_\_

Please indicate your agreement with each statement on a scale from 0 (completely disagree) to 100 (completely agree).

| #  | Statement   | 0-100 |
|----|---|-------|
| 1  | My tinnitus is annoying.  |       |
| 2  | My tinnitus masks some speech sounds.   |       |
| 3  | When there are lots of things happening at once, my tinnitus interferes with my ability to attend to the most important thing.    |       |
| 4  | My emotional peace is one of the worst effects of my tinnitus.  |       |
| 5  | I have difficulty getting to sleep at night because of my tinnitus.   |       |
| 6  | The effects of tinnitus on my hearing are worse than the effects of my hearing loss.  |       |
| 7  | I feel like my tinnitus makes it difficult for me to concentrate on some tasks.   |       |
| 8  | I am depressed because of my tinnitus.  |       |
| 9  | My tinnitus, not my hearing loss, interferes with my appreciation of music and songs.   |       |
| 10 | I am anxious because of my tinnitus.  |       |
| 11 | I have difficulty focusing my attention on some important tasks because of tinnitus.  |       |
| 12 | I just wish my tinnitus would go away. It is so frustrating.  |       |
| 13 | The difficulty I have sleeping is one of the worst effect of my tinnitus.   |       |
| 14 | In addition to my hearing loss, my tinnitus interferes with my understanding of speech.   |       |
| 15 | My inability to think about something undisturbed is one of the worst effects of my tinnitus.                                     |       |
| 16 | I am tired during the day because my tinnitus has disrupted my sleep.   |       |
| 17 | One of the worst things about my tinnitus is its effect on my speech understanding, over and above any effect of my hearing loss. |       |
| 18 | I lie awake at night because of my tinnitus.  |       |
| 19 | I have trouble concentrating while I am reading in a quiet room because of tinnitus.  |       |
| 20 | When I wake up in the night, my tinnitus makes it difficult to get back to sleep.   |       |

## Hospital Anxiety and Depression Scale (HADS)

Subject Number: 2014-045- Date: \_\_\_\_\_

Put an "X" in the box next to the response that is closest to how you have been feeling in the past week. It is best to give your immediate response.

|  |          |                                    |
|--|----------|------------------------------------|
|  | <b>A</b> | <b>I feel tense or 'wound up':</b> |
|  | 3        | Most of the time                   |
|  | 2        | A lot of the time                  |
|  | 1        | From time to time, occasionally    |
|  | 0        | Not at all                         |

|  |          |                                       |
|--|----------|---------------------------------------|
|  | <b>D</b> | <b>I feel as if I am slowed down:</b> |
|  | 3        | Nearly all the time                   |
|  | 2        | Very often                            |
|  | 1        | Sometimes                             |
|  | 0        | Not at all                            |

|  |          |  |
|--|----------|--|
|  | <b>D</b> | <b>I still enjoy the things I used to enjoy:</b> |
|  | 0        | Definitely as much                               |
|  | 1        | Not quite so much                                |
|  | 2        | Only a little                                    |
|  | 3        | Hardly at all                                    |

|  |          |  |
|--|----------|--|
|  | <b>A</b> | <b>I get a sort of frightened feeling like 'butterflies' in the stomach:</b> |
|  | 0        | Not at all   |
|  | 1        | Occasionally   |
|  | 2        | Quite often  |
|  | 3        | Very often   |

|  |          |   |
|--|----------|---|
|  | <b>A</b> | <b>I get a sort of frightened feeling as if something awful is about to happen:</b> |
|  | 3        | Very definitely and quite badly   |
|  | 2        | Yes, but not too badly  |
|  | 1        | A little, but it doesn't worry me   |
|  | 0        | Not at all  |

|  |          |   |
|--|----------|---|
|  | <b>D</b> | <b>I have lost interest in my appearance:</b> |
|  | 3        | Definitely                                    |
|  | 2        | I don't take as much care as I should         |
|  | 1        | I may not take quite as much care             |
|  | 0        | I take just as much care as ever              |

|  |          |  |
|--|----------|--|
|  | <b>D</b> | <b>I can laugh and see the funny side of things:</b> |
|  | 0        | As much as I always could                            |
|  | 1        | Not quite so much now                                |
|  | 2        | Definitely not so much now                           |
|  | 3        | Not at all   |

|  |          |  |
|--|----------|--|
|  | <b>A</b> | <b>I feel restless and I have to be on the move:</b> |
|  | 3        | Very much indeed                                     |
|  | 2        | Quite a lot  |
|  | 1        | Not very much  |
|  | 0        | Not at all   |

|  |          |  |
|--|----------|--|
|  | <b>A</b> | <b>Worrying thoughts go through my mind:</b> |
|  | 3        | A great deal of the time                     |
|  | 2        | A lot of the time                            |
|  | 1        | From time to time, but not too often         |
|  | 0        | Only occasionally                            |

|  |          |   |
|--|----------|---|
|  | <b>D</b> | <b>I look forward with enjoyment to things:</b> |
|  | 0        | As much as I ever did                           |
|  | 1        | Rather less than I used to                      |
|  | 2        | Definitely less than I used to                  |
|  | 3        | Hardly at all                                   |

|  |          |                         |
|--|----------|-------------------------|
|  | <b>D</b> | <b>I feel cheerful:</b> |
|  | 3        | Not at all              |
|  | 2        | Not often               |
|  | 1        | Sometimes               |
|  | 0        | Most of the time        |

|  |          |  |
|--|----------|--|
|  | <b>A</b> | <b>I get sudden feelings of panic:</b> |
|  | 3        | Very often indeed                      |
|  | 2        | Quite often                            |
|  | 1        | Not very often                         |
|  | 0        | Not at all                             |

|  |          |  |
|--|----------|--|
|  | <b>A</b> | <b>I can sit at ease and feel relaxed:</b> |
|  | 0        | Definitely                                 |
|  | 1        | Usually                                    |
|  | 2        | Not often                                  |
|  | 3        | Not at all                                 |

|  |          |  |
|--|----------|--|
|  | <b>D</b> | <b>I can enjoy a good book or radio or TV program:</b> |
|  | 0        | Often  |
|  | 1        | Sometimes  |
|  | 2        | Not often  |
|  | 3        | Very seldom  |

## PTSD Checklist - Military Version (PCL-M)

Subject Number: 2014-045- Date: \_\_\_\_\_

Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

| No. | Problem or Complaint:  | Frequency:        |                     |                   |                    |                  |
|-----|--|-------------------|---------------------|-------------------|--------------------|------------------|
|     |  | Not at all<br>(1) | A little bit<br>(2) | Moderately<br>(3) | Quite a bit<br>(4) | Extremely<br>(5) |
| 1.  | Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?  |                   |                     |                   |                    |                  |
| 2.  | Repeated, disturbing <i>dreams</i> of a stressful military experience?   |                   |                     |                   |                    |                  |
| 3.  | Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?                              |                   |                     |                   |                    |                  |
| 4.  | Feeling very upset when something reminded you of a stressful military experience?   |                   |                     |                   |                    |                  |
| 5.  | Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience? |                   |                     |                   |                    |                  |
| 6.  | Avoid <i>thinking about</i> or <i>talking about</i> a stressful military experience or avoid <i>having feelings</i> related to it?                             |                   |                     |                   |                    |                  |
| 7.  | Avoid <i>activities</i> or <i>talking about</i> a stressful military experience or avoid <i>having feelings</i> related to it?                                 |                   |                     |                   |                    |                  |
| 8.  | Trouble <i>remembering important parts</i> of a stressful military experience?   |                   |                     |                   |                    |                  |
| 9.  | Loss of <i>interest</i> in things that you used to enjoy?  |                   |                     |                   |                    |                  |
| 10. | Feeling <i>distant</i> or <i>cut off</i> from other people?  |                   |                     |                   |                    |                  |
| 11. | Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?  |                   |                     |                   |                    |                  |
| 12. | Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?  |                   |                     |                   |                    |                  |
| 13. | Trouble <i>falling</i> or <i>staying</i> asleep?   |                   |                     |                   |                    |                  |
| 14. | Feeling <i>irritable</i> or having <i>angry outbursts</i> ?  |                   |                     |                   |                    |                  |
| 15. | Having difficulty <i>concentrating</i> ?   |                   |                     |                   |                    |                  |
| 16. | Being " <i>super alert</i> " or watchful on guard?   |                   |                     |                   |                    |                  |
| 17. | Feeling <i>jumpy</i> or easily startled?   |                   |                     |                   |                    |                  |

PCL-Mfor DSM-IV (11/1/94)

Weathers, F.W.,Huska,J.A.,Keane, T.M. PCL-Mfor DSM-IV. Boston; National Center for PTSD-Behavioral Science Division, 1991.

This is a Government document in the public domain.

## Neurobehavioral Symptom Inventory (NSI)

Subject Number: 2014-045- \_\_\_\_\_ Date: \_\_\_\_\_

Below is a list of problems and complaints that veterans sometimes have in response to brain injuries. Please rate the following symptoms with regard to how much they have disturbed you **since your injury**.

If you **never** suffered any traumatic brain injury, Sign here: \_\_\_\_\_

|                 |   |
|-----------------|---|
| 0 = None        | Rarely if ever present; not a problem at all.   |
| 1 = Mild        | Occasionally present, but it does not disrupt activities; I can usually continue what I'm doing; doesn't really concern me.                   |
| 2 = Moderate    | Often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned.        |
| 3 = Severe      | Frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel like I need help.       |
| 4 = Very Severe | Almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help. |

| No. | Problem or Complaint                   | Frequency: |   |   |   |   |
|-----|--|------------|---|---|---|---|
|     |  | 0          | 1 | 2 | 3 | 4 |
| 1.  | Feeling Dizzy:                         |            |   |   |   |   |
| 2.  | Loss of balance:                       |            |   |   |   |   |
| 3.  | Poor coordination, clumsy:             |            |   |   |   |   |
| 4.  | Headaches:                             |            |   |   |   |   |
| 5.  | Nausea:                                |            |   |   |   |   |
| 6.  | Vision problems, blurring, trouble     |            |   |   |   |   |
| 7.  | Sensitivity to light:                  |            |   |   |   |   |
| 8.  | Hearing difficulty:                    |            |   |   |   |   |
| 9.  | Sensitivity to noise:                  |            |   |   |   |   |
| 10. | Numbness to tingling on parts of       |            |   |   |   |   |
| 11. | Change in taste and/or smell:          |            |   |   |   |   |
| 12. | Loss or increase of appetite:          |            |   |   |   |   |
| 13. | Poor concentration or easily           |            |   |   |   |   |
| 14. | Forgetfulness, can't remember          |            |   |   |   |   |
| 15. | Difficulty making decisions:           |            |   |   |   |   |
| 16. | Slowed thinking, can't finish things:  |            |   |   |   |   |
| 17. | Fatigue, loss of energy, easily tired: |            |   |   |   |   |
| 18. | Difficulty falling or staying asleep:  |            |   |   |   |   |
| 19. | Feeling anxious or tense:              |            |   |   |   |   |
| 20. | Feeling depressed or sad:              |            |   |   |   |   |
| 21. | Irritability, easily annoyed:          |            |   |   |   |   |
| 22. | Poor frustration tolerance:            |            |   |   |   |   |