



dr. louis hofmeyr

## Tinnitus Hyperacusis Questionnaire

Name and Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

	NO	YES, A LITTLE	YES, QUITE A LOT	YES, A LOT
1. Do you ever use earplugs or earmuffs to reduce your noise perception? (Do NOT consider the use of hearing protection during abnormally high noise exposure situations)?				
2. Do you find it harder to ignore sounds around you in everyday situations?				
3. Do you have trouble reading in a noisy or loud environment?				
4. Do you have trouble concentrating in noisy situations?				
5. Do you have difficulty listening to conversations in noisy places?				
6. Has anyone ever told you that you tolerate noise or certain kinds of sound badly?				
7. Are you particularly sensitive to or bothered by street noise?				
8. Do you find the noise unpleasant in certain social situations (e.g. night clubs, pubs or bars, concerts, firework displays, cocktail receptions)?				
9. When someone suggests doing something (going out, to the cinema, to a concert etc.), do you immediately think about the noise you are going to have to put up with?				
10. Do you ever turn down an invitation or not go out because of the noise you would have to face?				
11. Do noises or particular sounds bother you more in a quiet place than in a slightly noisy room?				
12. Do stress and tiredness reduce your ability to concentrate in noise towards the end of the day?				
13. Are you less able to concentrate in noise towards the end of the day?				
14. Do noise and certain sounds cause you stress and irritation?				

*Khalfa S, Dubal S, Veuillet E, Perez-Diaz F, Jouvent R, Collet L. Psychometric normalization of a hyperacusis questionnaire. ORL J Otorhinolaryngol Relat Spec. 2002 Nov-Dec;64(6):436-42. doi: 10.1159/000067570. PMID: 12499770.*

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