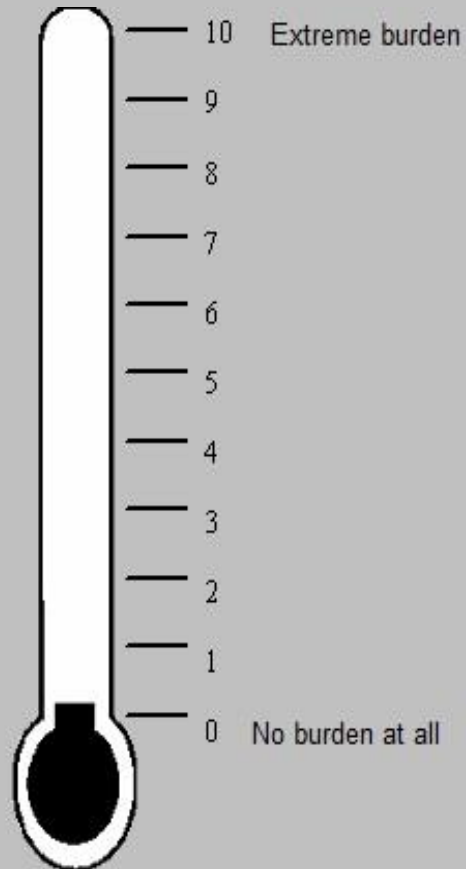


Utrecht Burden Questionnaire for tinnitus

First of all

Encircle the number on the thermometer below that summarizes best how much of a burden your tinnitus was in the past week (including today).



Secondarily

How many sounds does your tinnitus consist of at the moment? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Thirdly

Give an indication of how your tinnitus sounds on the scales below. Draw a vertical line through each of the scales. You are allowed to place the vertical line anywhere on the scale. The end of the scale indicates the extreme values. For instance, if you score a loudness of '10', this means that the tinnitus cannot be louder. If you hear multiple sounds, you can draw multiple lines on the scale. Please indicate whether the line belongs to the right ear, left ear or within the head, and add numbers if you hear multiple sounds on one side.

Example:



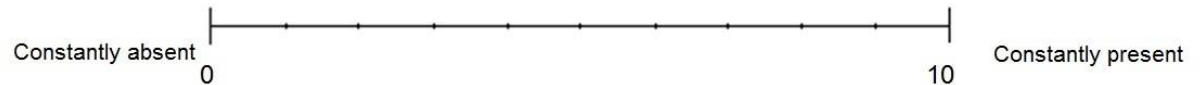
How loud is your tinnitus at this moment?



How high does your tinnitus sound at this moment?



At what rate was your tinnitus present in the past 24 hours?



How variable (loudness and/or pitch) has your tinnitus been in the past 24 hours?



Utrecht Burden Questionnaire for tinnitus

Finally

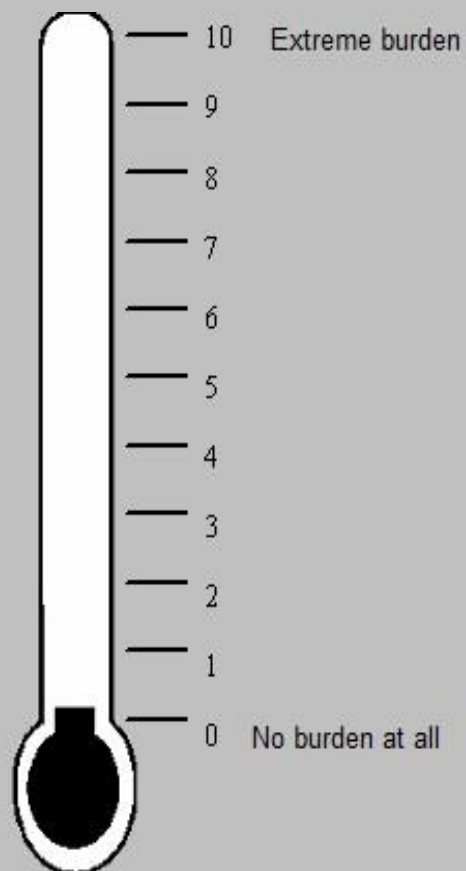
Give an indication on the scales below on whether you have had difficulties or trouble with the following activities in the past week (including today), due to the tinnitus. Draw a vertical line through each of the scales. You are allowed to place the vertical line anywhere on the scale. Take into account that the end of the scale indicates that this could not have been more difficult or given more trouble.

Concentration		
No concentration problems	0	100
Extreme concentration problems		
Sleeping		
No sleeping problems	0	100
Extreme sleeping problems		
Annoyance		
No annoyance	0	100
Extreme annoyance		
Social life		
No difficulty in social life	0	100
Extreme difficulty in social life		
Family life		
No difficulty in family life	0	100
Extreme difficulty in family life		
Work / study		
No difficulty with work / study	0	100
Extreme difficulty with work / study		
<input type="radio"/> Not applicable		

Utrecht Burden Questionnaire for vertigo

First of all

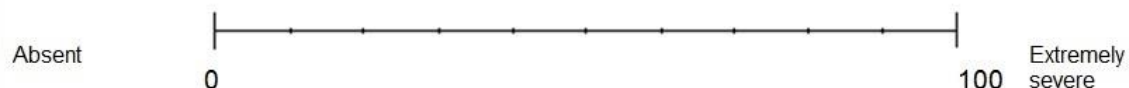
Encircle the number on the thermometer below that summarizes best how much of a burden your vertigo was in the past week (including today).



Secondarily

Answer the questions below about how the dizziness is best described (multiple answers are possible).

• How severe is your dizziness at this moment?



• Type of dizziness?

- ☐ Vertigo ☐ Lightheadedness ☐ Feeling of fainting
- ☐ Other:.....

• Provoking factors?

- ☐ Head movements ☐ Change of body position ☐ Loud noises
- ☐ When standing up ☐ During exercise ☐ Unknown
- ☐ Other:.....

• Additional complaints?

- ☐ Nausea ☐ Vomiting ☐ Hearing complaints ☐ Tinnitus
- ☐ None ☐ Other:.....

• Aspect of the dizziness?

- ☐ Constantly present ☐ Attack → give an indication of the duration:.....
- ☐ Other:.....

Utrecht Burden Questionnaire for vertigo

Finally

Give an indication on the scales below on whether you have had difficulties or trouble with the following activities in the past week (including today), due to the tinnitus. Draw a vertical line through each of the scales. You are allowed to place the vertical line anywhere on the scale. Take into account that the end of the scale indicates that this could not have been more difficult or given more trouble.

Concentration		
No concentration problems	0	100
Extreme concentration problems		
Sleeping		
No sleeping problems	0	100
Extreme sleeping problems		
Annoyance		
No annoyance	0	100
Extreme annoyance		
Social life		
No difficulty in social life	0	100
Extreme difficulty in social life		
Family life		
No difficulty in family life	0	100
Extreme difficulty in family life		
Work / study		
No difficulty with work / study	0	100
Extreme difficulty with work / study		
<input type="radio"/> Not applicable		