

1. About Our Survey
Completion time: 5-10 minutes.
Eligibility criteria:
You must experience tinnitus (hearing a sound when no external sound is present) and have a reasonable understanding of the English language.
Goal:
To better understand how body movements and physical activity can affect tinnitus.
Benefits for tinnitus research:
Your unique tinnitus profile and experiences may reveal clues about the processes involved in tinnitus,
and help shape future tinnitus research on the road to a cure.
Privacy:
We value your privacy. Your responses will <i>not</i> be matched to you. Your answers may be used for research purposes and in publications in academic journals as well as discussed online and at conferences.
On the final page of this survey, you can optionally fill in your e-mail address so that we can send you the results of the survey once they're published.
Organizer:
The survey is organized by Tinnitus Hub, a UK-based non-profit organization, who is known for operating the <u>Tinnitus Talk Support Forum</u> .
<ul><li>1. Do you agree to the above terms, and do you want to participate in this survey?</li><li>Yes</li></ul>
○ No
O



#### 2. About you

### 2. How long have you had tinnitus?



#### 3. Are you...?

- Female
- Transgender
- Other / prefer not to say

### 4. What is your age?

Move the slider or type in the box.



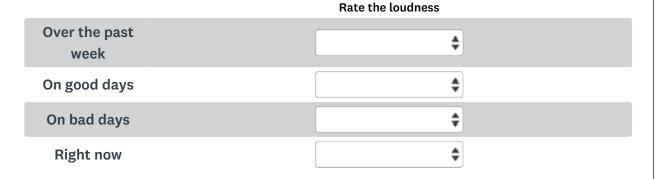
### 5. What country do you currently live in?





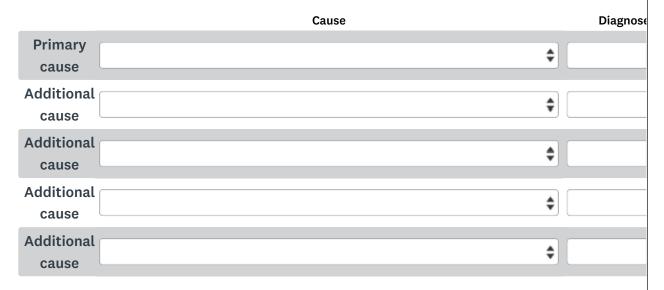
#### 3. About your tinnitus

#### 6. How loud would you rate your tinnitus?



### 7. What is the cause of your tinnitus?

Please tell us any known causes of your tinnitus, in the order you believe them to be relevant - as many or as few as you are aware of.



8. Does your tinnitus react to sounds?
○ Some sounds make it worse
O Some sounds make it worse but some make it better
O Some sounds can make it better
○ No
9. Do you have any hearing loss?
○ Mild hearing loss
○ Moderate hearing loss
○ Severe hearing loss
Not diagnosed but I think I have hearing loss
Not diagnosed but I don't think I have hearing loss
○ No
10. How does your tinnitus behave during the day?
Generally does not change in volume
Generally grows louder as the day progresses
Generally gets quieter as the day progresses
Changes during the day or over days with no particular pattern
11. Do you get fleeting tinnitus episodes?
Fleeting tinnitus is when your tinnitus loudness increases for a brief moment, your
hearing may also become muffled.
○ Daily
○ Weekly
○ Monthly
A few times a year
Less than a few times a year
○ Never



4. Your physical signs

12. Do you get a stiff neck or have sore neck muscles?
Select all that apply.
Yes, after certain physical activity
Yes, from bad posture
Yes, I have an associated medical condition
Yes, from lying in bed / sleeping
Yes, my neck movement is restricted due to stiffness
No more than I believe is normal
13. Do you get headaches?
Yes, they feel like they come from the neck
Yes, they feel like they come from the jaw
Yes, they come from both the neck and the jaw
Yes, but I can't pinpoint a cause
O No more than I believe is normal

14. Do you have fee	lings of fullness in the ears?
Select all that apply.	
Yes, after activity ma	ainly
Yes, after a bad sleep	
Yes, after listening to	o some sounds or being exposed to noise
Yes, after working at	a computer or desk
Yes, after periods of	stress / anxiety
Yes, but I don't know	what causes it
No	
15. Do you grind or	clench your teeth?
Yes, I grind them in n	ny sleep
Yes, I find that I ofter	n clench my teeth without realizing
O Both, I grind in my sl	eep and clench without realizing
O No, not that I am awa	are of
16. Does your tinnit	tus change with any of the below?
Select all that apply.	
WARNING - if you perform a	ny of the below your tinnitus may get louder.
Pressing the jaw on t	he side
Pushing the jaw back	cwards
Pushing the lower jav	w outwards rapidly
Pushing your hand a	gainst your forehead while resisting with the neck muscles
Clenching the teeth t	together
	ckwarde
Tilting your head bad	Chwaius

17. Do you have pain or discomfort in the jaw?
Select all that apply.
Yes, my jaw sometimes feels painful
Yes, I struggle to fully move my jaw
Yes, my jaw sometimes feels tired
Yes, muscles around my jaw feel tight or tense
Yes, I have several popping and clicking noises in my jaw
Yes, I have been diagnosed with TMJ dysfunction
No real issues that I am aware of



5. More about your tinnitus

8. How would you describe your tinnitus?
Select all that apply.
A pure tone / single pitch
A mixture of tones
A low buzzing
A high buzzing
Electric / interference type sound
A low rumbling
A static noise
Clicking
Intermittent beeping (morse code)
A whooshing noise - pulsatile
A whooshing noise - not in time with the pulse
A pulsating sound
Other (please specify)

# 19. How do the following affect your tinnitus? \$ **Stress** Anxiety Waking up from a good nights \$ sleep Having a bad nights sleep Waking up from napping Intense workout (e.g. HiiT, \$ weights, aerobics) Moderate exercise (e.g. \$ jogging, cardio) Light exercise (e.g. walking, gardening) 20. Are you able to mask your tinnitus with sounds? Masked by nearly all sounds Masked by things such as TV, music or general background noise Masked by white noise or special masking sounds Masked only by a small selection of sounds Masked only in the shower or by other loud water type sounds Never masked

	Rate	the annoyance
Over the past week		<b>\$</b>
On good days		<b>\$</b>
On bad days		<b>\$</b>
Right now		<b>\$</b>
week?	e have you been of you  Aware 50% of the time	Always aware
<b>Email Address</b>		