

# EAST TEXAS SINUS AND DIZZINESS CENTER

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DISEASES OF THE EAR, NOSE, AND THROAT  
HEAD AND NECK SURGERY  
DIPLOMATE - AMERICAN BOARD OF OTOLARYNGOLOGY

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

Next to each question, circle the number that best describes how you feel.

During the past 1 month, how much of a problem was each of the following?	No Problem		Moderate Problem			Severe Problem	
1. Pressure in the ears?	1	2	3	4	5	6	7
2. Pain in the ears?	1	2	3	4	5	6	7
3. A feeling that your ears are clogged or "under water"?	1	2	3	4	5	6	7
4. Ear problems when you have a cold or sinusitis?	1	2	3	4	5	6	7
5. Crackling or popping sounds in the ears?	1	2	3	4	5	6	7
6. Ringing in the ears?	1	2	3	4	5	6	7
7. A feeling that your hearing is muffled?	1	2	3	4	5	6	7

**Do you get these symptoms in one ear only or both ears?**

Left ear only     Right ear only     Both ears

**Total Score** \_\_\_\_\_  $\div 7 =$  **Mean item score** \_\_\_\_\_

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