

## QUESTIONNAIRES:

### Personal factors

1. **Gender:** 1. Male 2. Female
2. **Date of your birth:** \_\_\_\_\_
3. **Do you think that your parents can fulfill all your financial needs?**  
0. No 1. Yes
4. **Paternal education:**  
1. High school 2. College
5. **Maternal education:**  
1. High school 2. College
6. **Thinking about the last 12 months, while staying at home, how much noise has bothered, disturbed or hindered you?**  
1. Little 2. Moderate 3. Much
7. **Thinking about the last 12 months, while being at school, how much noise has bothered, disturbed or hindered you?**  
1. Little 2. Moderate 3. Much
8. **What is an average duration of your night sleep?**  
1. Less than 6 hours 2. Between 6 and 8 hours 3. More than 8 hours
9. **How many hours daily do you use earphones to listen to the music and other loud sounds?**  
1. Less than 1 hour 2. From 1 to 3 hours 3. More than 3 hours
10. **How often do you go out to places with loud music?**  
1. Three times a month or less 2. Once a week or more
11. **Do you smoke? \***  
0. No 1. Former smoker 2. Active smoker
12. **Do you use drugs?**  
0. No 1. Yes
13. **Do you take tranquilizers?**  
0. No 1. Yes
14. **Have you ever had a severe head injury?**  
0. No 1. Yes
15. **Have you ever had:**

|                       |       |        |                  |       |        |
|-----------------------|-------|--------|------------------|-------|--------|
| Ear infection         | 0. No | 1. Yes | Thyroid problems | 0. No | 1. Yes |
| Anxiety or depression | 0. No | 1. Yes | Sinusitis        | 0. No | 1. Yes |
| High blood pressure   | 0. No | 1. Yes | Anemia           | 0. No | 1. Yes |

\* For the purpose of binary logistic regression, we had to merge the answers on active and former smoking into "Yes".

## Tinnitus Screener

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TINNITUS is ringing, buzzing, humming or other noises in your ears or head

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### During the PAST YEAR:

1. Have you experienced tinnitus lasting more than 2 - 3 minutes?  
NO: **STOP HERE** **No Tinnitus**  
YES: **GO TO #2**
  
2. Have you experienced tinnitus for at least 6 months?  
NO: **GO TO #3** **Acute Tinnitus**  
YES: **GO TO #3** **Chronic Tinnitus**
  
3. In a quiet room, can you hear tinnitus?  
Always: **STOP HERE** **Constant Tinnitus**  
Usually: **STOP HERE** **Constant Tinnitus**  
Sometimes/Occasionally: **GO TO #4**
  
4. When you heard tinnitus this past year, was it caused by a recent event?  
(Examples: loud concert, head cold, allergies, some medications)  
NO: **GO TO #6**  
YES, Sometimes: **GO TO #5**  
YES, Always: **GO TO #5** **Temporary Tinnitus**
  
5. Does your tinnitus seem to "come and go" on its own, in addition to being caused by a recent event(s)?  
NO: **STOP HERE** **Temporary Tinnitus**  
YES: **GO TO #6**
  
6. Do you experience tinnitus on a:  
Daily or weekly basis: **STOP HERE** **Intermittent Tinnitus**  
Monthly or yearly basis: **STOP HERE** **Occasional Tinnitus**

## Dietary Assessment

**1. Are you taking any multivitamin?**

0 =\_No; 1 =\_Yes

**2. Do you drink sodas?**

0 =\_No; 1 =\_Weekly; 2 =\_Every day; 3 =\_Few times daily

**3. Do you drink energy drinks?**

0 =\_No; 1 =\_Weekly; 2 =\_Every day; 3 =\_Few times daily

**4. How many cups of coffee do you drink per day?**

0 =\_None; 1 =\_One or two; 2 =\_Three or more

**5. How much water do you drink per day?**

1 =\_<1l; 2 =\_Between 1-2l; 3 =>\_More than 2l

**6. Do you drink beer?**

0 =\_No; 1 =\_<1l per day; 2 =\_More than 1l per day

**7. Do you drink wine?**

0 =\_No; 1 =\_<1/2l per day; 2 =\_More than 1/2l per day

**8. Do you drink spirits?**

0 =\_No; 1 =\_<1/2l per day; 2 =\_More than 1/2l per day

**9. Do you drink milk and if you do what type?**

0 =\_No; 1 =\_Yes, with <1% milk fat; 2 =\_Yes, with >1% milk fat

**10. How often do you eat margarine?**

0 =\_Monthly or less; 1 =\_Weekly; 2 =\_Every day

**11. How often do you eat fast food?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**12. How often do you eat fish?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**13. How often do you eat eggs?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**14. How often do you eat ketchup, mustard, mayonnaise?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**15. How often do you use artificial sweeteners?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**16. What type of bread do you eat?**

1 =\_Whole grain bread; 2 =\_White bread

**17. How often do you eat pastries from the bakery?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**18. How often do you eat French fries?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**19. How often do you eat fresh fruits?**

1 =\_Monthly or less; 2 =\_Weekly or less; 3 =\_Every day

**20. How often do you eat fresh vegetables?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**21. How often do you eat snacks?**

1 =\_Monthly or less; 2 =\_Weekly; 3 =\_Every day

**22. Do you add salt to your food?**

0 =\_No; 1 =\_Yes