

## Symptom survey

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	
Pressure in the ears?	1	2	3	4	5	6	7
Pain in the ears?	1	2	3	4	5	6	7
A feeling that your ears are clogged or "under water"?	1	2	3	4	5	6	7
Ear problems when you have a cold or sinusitis?	1	2	3	4	5	6	7
Crackling or popping sounds in the ears?	1	2	3	4	5	6	7
Ringing in the ears?	1	2	3	4	5	6	7
A feeling that your hearing is muffled?	1	2	3	4	5	6	7

**Total score** \_\_\_\_\_  $\div 7 =$  **mean item score** \_\_\_\_\_

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

Left ear only    Right ear only    Both ears