

ETD Questionnaire

Name _____ Date _____

I. 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

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

___ Both ears

___ One ear only

Office Use:

*Preop**1 week**3 weeks**6 weeks**12 weeks**6 months**1 year*