Thrive **Hearing and Tinnitus Solutions**
Casie Keaton, AuD, CCC-A • Doctor of Audiology

Patient Name: **Date:**

- **If you didn't have your tinnitus, how would life be different?**

- **How does your tinnitus affect you? How often?**

- **How does your tinnitus affect your family?**

- **Do you feel your tinnitus interferes with your ability to understand conversation?**

- **Are there any places / activities that you avoid because the situation is too loud?"**

- **What are your goals for tinnitus treatment?"**

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