

Eustachian Tube Dysfunction Patient Questionnaire (ETDQ-7)

Patient 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	Mode	rate	problem		vere olem
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 o	r boti	ı ears?					
Left ear only Right ear only	Both	n ears					
TOTAL SCORE ÷ 7 =	: Mes	ın item	score				
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