



Eustachian Tube Dysfunction Patient Questionnaire (ETDQ-7)¹

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		Moderate Problem		Severe Problem		
	1	2	3	4	5	6	7
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 or both ears?

Left ear only Right ear only Both ears

Total Score _____ \div 7 = Mean item score _____

1. ETDQ-7 Copyright 2012 by McCoul ED, Anand VK and Christos PJ. Weill Cornell Medical College, New York, New York.

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