



# Eustachian Tube Dysfunction

## Patient Questionnaire (ETDQ-7)<sup>1</sup>

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. 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** \_\_\_\_\_ **÷ 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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