

Eustachian Tube Dysfunction Questionnaire (ETDQ-7)

Patient Information



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Patient Name: _____ **Date:** _____

Purpose of this Questionnaire: This questionnaire helps us understand the symptoms you might be experiencing related to your Eustachian tube (the tube connecting your middle ear to the back of your nose). Your answers will help us assess the severity of your symptoms and guide your treatment.

Instructions: Please think about how much each of the following problems has affected you over the past month. Circle the number from 1 to 7 that best describes how much of a problem each symptom has been for you.

Over the past 1 month, how much has each of the following been a problem for you?

Symptom	No Problem → Severe Problem					
1. Pressure in the ears?	1	2	3	4	5	6
2. Pain in the ears?	1	2	3	4	5	6
3. A feeling that your ears are clogged or "under water"?	1	2	3	4	5	6
4. Ear symptoms when you have a cold or sinusitis?	1	2	3	4	5	6
5. Crackling or popping sounds in the ears?	1	2	3	4	5	6
6. Ringing in the ears?	1	2	3	4	5	6
7. A feeling that your hearing is muffled?	1	2	3	4	5	6

For Office Use Only:

Total Score: _____

Mean Score (Total Score / 7): _____

Scoring Interpretation:

- 1 - 2: No significant problem
- 3 - 5: Moderate problem
- 6 - 7: Severe Problem
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(A mean score of ≥ 2.1 (total score ≥ 15 is generally considered indicative of Eustachian tube dysfunction)

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