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Eustachian Tube Dysfunction Questionnaire (ETDQ-7)

Name: _____

Date: _____

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

Please mark the appropriate block for each question.

	Mild problem		Moderate problem			Severe problem	
	1	2	3	4	5	6	7
Pressure in the ears?	1	2	3	4	5	6	7
Pain in the ears?	1	2	3	4	5	6	7
A feeling that your ears are clogged or underwater?	1	2	3	4	5	6	7
Ear symptoms when you have a cold or sinusitis?	1	2	3	4	5	6	7
Crackling or popping sounds in the ears?	1	2	3	4	5	6	7
Ringing in the ears?	1	2	3	4	5	6	7
A feeling that your hearing is muffled?	1	2	3	4	5	6	7