PACIFIC·ENT
MEDICAL GROUP INC.

ETDQ-7

Name: ______________________________

Date of Birth: ______________________________

Over the past month, how many of the following have been a problem for you?	No Problem		Moderate Problem			Severe Problem	
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 ear	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

PROOF