

Find Out if You Are a Candidate

Eustachian Tube Dysfunction Patient Questionnaire (ETDQ-7)¹



Name: _____

Date: _____

Next to each question, enter 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
2. Pain in the ears?	4	5	6
3. A feeling that your ears are clogged or "under water"?	7	1	2
4. Ear problems when you have a cold or sinusitis?	3	4	5
5. Crackling or popping sounds in the ears?	6	7	1
6. Ringing in the ears?	7	1	2
7. A feeling that your hearing is muffled?	5	6	7

Do you get these symptoms in one ear only or both ears?

Left ear only

Right ear only

Both ears

After you've filled this survey out, please bring it to your doctor to discuss the results and your specific symptoms

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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