



Project Title: Tinnitus: Genetic Susceptibility and Risk Modeling

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This contact form briefly describes the research study to see if you would like to provide your contact information to the research team. Providing contact information does not mean that you have to take part in this study; it only means that you are interested in learning more. If you are interested in learning more about this study or future studies that our lab is conducting, please share your contact details (e.g., e-mail ID, phone, and/or mailing address) to sign up in a research registry.

- I wish to participate in the contact registry
- I do not wish to participate in the contact registry

1. If you would like to sign up for receiving an invite to future studies, please provide your e-mail address and/or phone number and/or mailing address below (sharing mailing address is optional).

Email Address: _____

Phone Number: _____

Mailing Address: _____

2. Your name:

3. Your age (in years):

4. Sex assigned at birth:

- Male
- Female
- No disclosure
- Other (specify) _____

5. In the past 12 months, have you experienced tinnitus (ringing, roaring, buzzing, or other sounds in your ears or head in the absence of an external sound) that lasts for 5 minutes or more?

- Yes
- No

6. Have you ever been diagnosed with hearing loss

- Yes
- No