

TINNITUS MANAGEMENT

resound.com

ReSound Tinnitus Management

Tinnitus Management Workbook



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Patient Information

Name: _____

Date: _____



TEAR ME OUT!

This page is removable and is intended to serve as the Hearing Care Professional's guide to this Tinnitus Management Workbook.

Consultation:

An informational consultation is a very important first step in the tinnitus management process. For many people, an educational consultation is enough to help them find immediate relief.

Consultations can vary in length, but typically last about 60 minutes.

The consultation helps:

- Collect valuable information about a person's medical/audiological history, as well as begin the tinnitus assessment
- Build rapport and trust between the clinician and patient, which is very important when dealing with tinnitus
- Introduce a patient to the efforts that will be required for tinnitus management

Case History:

- Collect hearing and medical history of patient
- Previous audiograms and tinnitus assessments
- Discuss medications
- Discuss potential causes of tinnitus, focus on educating patient on mechanisms involved rather than overly exploring the cause
- Identify possible sound tolerance issues like: Hyperacusis, Phonophobia, Misophonia
- Make appropriate referrals to other professional disciplines, if necessary

Questionnaires:

- Help understand the person's tinnitus better
- TRQ and THI are provided, but others include: THQ, TFI and Tinnitus/Hearing survey
- Can re-administer throughout the process to measure progress

Create and discuss realistic expectations:

- It is very important to establish these from the start, as unrealistic expectations can hinder progress
- Curing/eliminating tinnitus is most likely unrealistic, but there are strategies that can help
- Small steps over time lead to significant changes
- Satisfaction is having an expectation fulfilled

Set Goals:

- Initial goals should be small and achievable
 - > Identify sounds most therapeutic for your tinnitus management
 - > Reduce consumption of anything that can affect sleep quality, i.e. alcohol, tobacco, caffeine, etc.
 - > Increase physical activity, i.e. go for a walk once a day for 30 minutes
- Small steps over time lead to significant changes
 - > The Marathon Example: start only able to run 3 miles, over time increase strength/stamina to run 26.2 miles
 - > Slowly changing behaviors that increase tinnitus awareness
 - > Shifting the perception of tinnitus from negative impact to very little impact

Begin tinnitus counseling:

- Reassure the patient tinnitus is a "real" condition that is manageable, but not yet curable
- Identify behaviors that increase tinnitus awareness
- Use analogies (Tinnitus: itch in the brain; Sound therapy: candle in dark room), use flip chart and other materials you find useful
- Demystify the nature of tinnitus and begin breaking the vicious cycle by educating (use the Tinnitus Education Flipchart)

TEAR ME OUT!

This page is removable and is intended to serve as the Hearing Care Professional's guide to this Tinnitus Management Workbook.

Fitting:

This can take place in the same visit as the consultation in some instances, or can be done at a separate visit.

- Decide on the appropriate treatment option
- Residual inhibition testing is typically performed with narrow or broadband noise, 10dB above the MML
- More than one sound can be used, perhaps for different purposes
- Be mindful of appropriate volume levels and over-masking
 - > Follow the fitting guide of the ReSound Tinnitus Sound Generator (TSG) device
 - > Set hearing aid if applicable
 - > Introduce Sound Therapy
 - > Activate as combination unit or TSG only
 - > Activate Amplitude Modulation if applicable
 - > Activate Environmental Steering if applicable

Note: For some patients starting with amplification only may be appropriate. For many others, introducing the ReSound Relief app before the TSG may be more effective. The TSG can always be activated at a later time if desired.

Acclimation:

Follow-up appointment Tips:

- Discuss subjective comments/feedback from patient and how they are doing/feeling
- Re-administer any questionnaires (TRQ or THI) given at the start of treatment to monitor status of tinnitus perception
- Evaluate changes in patient feedback since last appointment:
 - > How is tinnitus affecting him/her
 - > Reactions to the TSG, hearing instrument and/or apps
 - > Sounds that are pleasant or unpleasant
 - > Awareness and annoyance questions
 - > Changes in activities since last appointment
- Discuss previously-set goals and refine, if necessary.

Note all feedback in the workbook.

Fitting Tips:

Make necessary adjustments to TSG and apps, if required.

This may include:

- > Frequency shaping the TSG noise
- > Volume changes
- > Amplitude Modulation activation/deactivation
- > Environmental Steering activation/deactivation
- > App modifications (new soundscapes, etc)

Note all changes in the workbook.

Consultation:

When it comes to treating tinnitus, there's not a one-size-fits-all tinnitus management plan. This workbook will guide you through the process of finding the tinnitus treatment that best suits your needs.

Please note: the average tinnitus management plan spans 6-12 months though some patients require a longer period of time to find relief. The exact timeframe will vary by patient.

Step 1: Getting to know you

Complete the questionnaire(s) below.

The **Tinnitus Intake Worksheet and the **Tinnitus Handicap Inventory** are available in the appendix.*

Tinnitus Intake Worksheet

Case History:

How long have you experienced tinnitus? *Triggers? *Onset? Has it gotten worse or remained the same?

Is your tinnitus in your **Right Ear, Left Ear, or Both?** (circle one)

If in both ears, do you hear it louder on the **Right Side, Left Side, or Equally Loud in Both Ears?** (circle one)

Do you experience any dizziness? **Yes No** (circle one)

Describe the characteristics of your tinnitus - how does it sound to you?

(e.g. high vs. low pitch, multi-tonal, constant, fluctuating, pure-tone or rushing, crickets, etc.)

Have you previously worn hearing aids/tinnitus devices? How many years? Did they help you?

What current medications are you taking?

Have you taken any medications/herbal supplements to try and relieve your tinnitus?

On a scale of 0 to 100, how often is your tinnitus noticeable? (0 = never, 100 = all the time)

0 -----50-----100

On a scale of 0 to 100, how much does your tinnitus bother/frustrate you? (0 = not at all, 100 = a lot)

0 -----50-----100

Tinnitus Reaction Questionnaire (TRQ)

Name: _____

Date completed: _____

This questionnaire is designed to find out what effect tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that best reflects how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total:					

Step 2: Understanding tinnitus

Tinnitus is a real condition that affects 30-50 million people. You are not alone. (Start at page 1 of the [Patient's Guide to Tinnitus Treatment](#) or the [Tinnitus Education Flipchart](#) for further learning.)

Discuss:

- Possible causes
- Neurophysiology of tinnitus

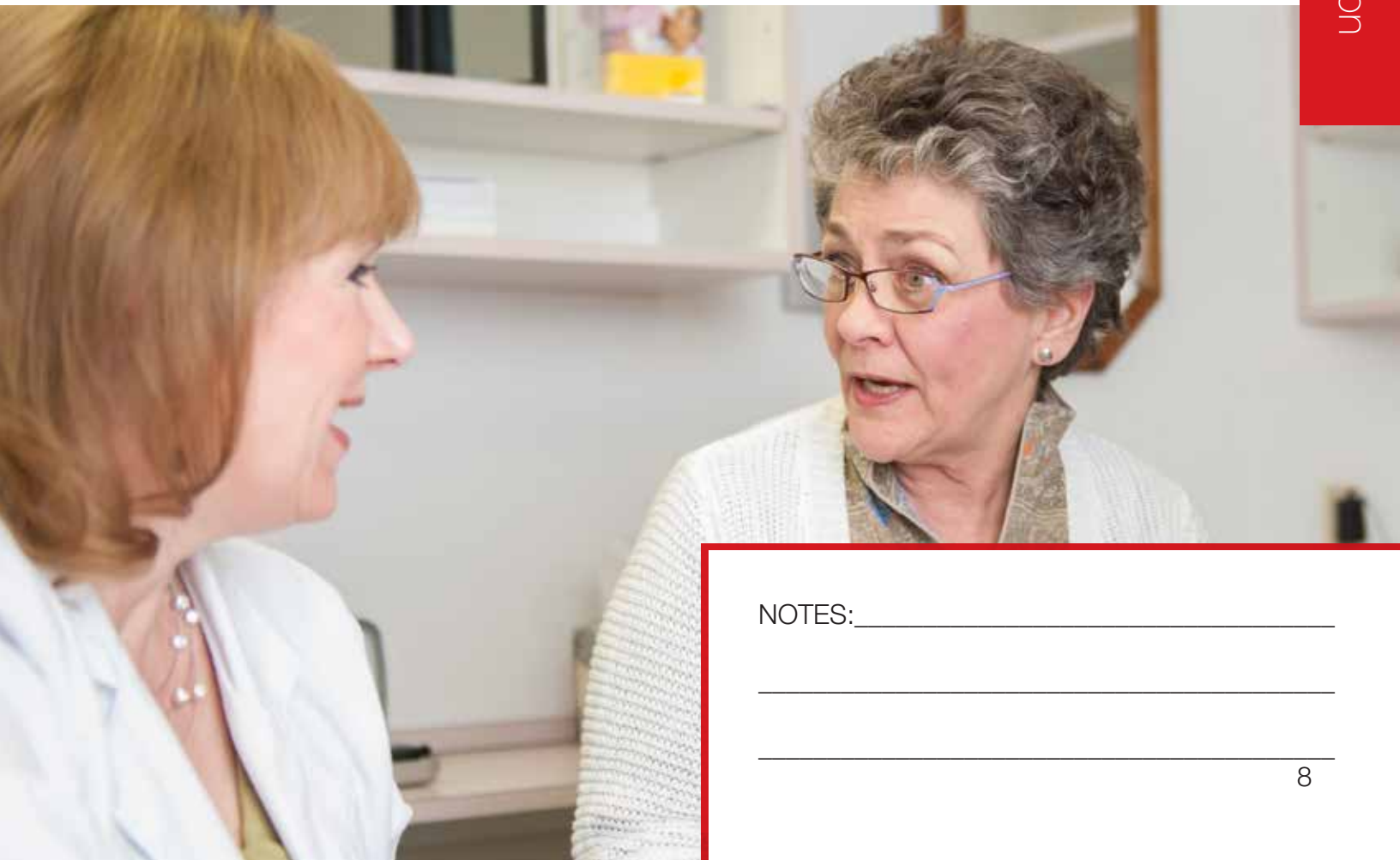
Currently there is no cure for tinnitus but there are many management plans. Reference [pages 11-20 of the Patient's Guide to Tinnitus Treatment](#) or [pages 10-17 of the Tinnitus Education Flipchart](#) for further learning.

Some examples of the more notable management plans:

- Tinnitus Re-training Therapy (TRT)
- Progressive Tinnitus Management (PTM)
- Tinnitus Activities Treatment (TAT)
- Sound Therapy (Combination devices, Bluetooth speakers, etc.)
- Mindfulness Tinnitus Stress Reduction

Step 3: Setting goals and expectations

As previously discussed, currently there is no cure for tinnitus. There are no immediate fixes for tinnitus. This is important as you progress through the tinnitus management process. Setting realistic management goals is a great way to measure your progress along the way. Remember, you have the power to change how you feel and react to your tinnitus. Commitment and dedication are key factors to successful management outcomes.



NOTES: _____

Fitting:

Sound Therapy/Combination Devices

Combination devices play a vital role in helping you manage your tinnitus. Reference [pages 14-17 of the Patient's Guide to Tinnitus Treatment](#) or [pages 13-15 of the Tinnitus Education Flipchart](#) for further learning.

Discuss:

- Tinnitus Sound Generator (TSG)
- NatureSounds™
- ReSound Relief™ and ReSound Smart™ apps



Fitting measurements:

Establish the tinnitus sound generator (TSG) threshold. This is the lowest level where the TSG signal can be heard.

- Recorded TSG threshold level: R: _____ L: _____

Establish the fitted/preferred level of the TSG. This is where the TSG level is set for treatment. Methods such as the Threshold of Audibility or Mixing Point can be used to establish the fitted/preferred level.

- Recorded TSG level: R: _____ L: _____

Establish the minimum masking level (MML). This is the lowest level where the TSG noise begins to mask the tinnitus.

- Recorded TSG MML level: R: _____ L: _____
- Residual Inhibition (RI): Level _____ Time _____

Note: All the above measures can be re-administered to monitor the status of the tinnitus treatment.

Patient's tinnitus notes:

List details on your sound therapy:

- Most preferred sounds: _____
- Least preferred sounds: _____

Establish residual inhibition (RI) results. Residual inhibition is the least amount of external sound it takes to fully mask one's tinnitus perception.

Write new goals or updates to existing goals:

- _____
- _____
- _____



NOTES: _____

Acclimation:

Follow-up visit 1 (2 weeks after first fit)

Patient Feedback:

Discuss any changes in your tinnitus since your last visit. How has your perception of it changed? Is tinnitus affecting your life in any new or different ways? Are you participating in any activities that you hadn't previously?

Patient's tinnitus notes:

On a scale from 0 to 100 (0=not at all, 100=a lot), how would you rate the following:

- How noticeable is your tinnitus? _____
- How much does your tinnitus bother/frustrate you? _____

List details on your sound therapy:

- Most preferred sounds: _____

- Least preferred sounds: _____

Changes in Minimum Masking Level (MML): _____dB

Changes in Residual Inhibition (RI): Level _____ Time _____

Write new goals or updates to existing goals:

- _____



Fit adjustments: _____

Notes: _____

Follow-up visit 2 (4 weeks after first fit)

Patient Feedback:

Discuss any changes in your tinnitus since your last visit. How has your perception of it changed? Is tinnitus affecting your life in any new or different ways? Are you participating in any activities that you hadn't previously?

Tinnitus Reaction Questionnaire (TRQ)

Name: _____

Date completed: _____

This questionnaire is designed to find out what effect tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that best reflects how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total:					

Follow-up visit 2 (continued)

Patient's tinnitus notes:

On a scale from 0 to 100 (0=not at all, 100=a lot), how would you rate the following:

- How noticeable is your tinnitus? _____
- How much does your tinnitus bother/frustrate you? _____

List details on your sound therapy:

- Most preferred sounds: _____
- Least preferred sounds: _____

Changes in Minimum Masking Level (MML): _____dB

Changes in Residual Inhibition (RI): Level _____ Time _____

Write new goals or updates to existing goals:

- _____
- _____
- _____
- _____
- _____

Fit adjustments: _____

Notes: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Follow-up visit 3: 8 weeks (2 months after first fit)

Patient Feedback:

Discuss any changes in your tinnitus since your last visit. How has your perception of it changed? Is tinnitus affecting your life in any new or different ways? Are you participating in any activities that you hadn't previously?

Patient's tinnitus notes:

On a scale from 0 to 100 (0=not at all, 100=a lot), how would you rate the following:

- How noticeable is your tinnitus? _____
- How much does your tinnitus bother/frustrate you? _____

List details on your sound therapy:

- Most preferred sounds: _____

- Least preferred sounds: _____

Changes in Minimum Masking Level (MML): _____ dB

Changes in Residual Inhibition (RI): Level _____ Time _____

Write new goals or updates to existing goals:

- _____

Achieved goals:

- _____

Fit adjustments: _____

Notes: _____

Follow-up visit 4: 12 weeks (3 months after first fit)

Patient Feedback:

Discuss any changes in your tinnitus since your last visit. How has your perception of it changed? Is tinnitus affecting your life in any new or different ways? Are you participating in any activities that you hadn't previously?

Tinnitus Reaction Questionnaire (TRQ)

Name: _____

Date completed: _____

This questionnaire is designed to find out what effect tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that best reflects how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1. My tinnitus has made me unhappy.	0	1	2	3	4
2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total:					

Follow-up visit 4 (continued)

Patient's tinnitus notes:

On a scale from 0 to 100 (0=not at all, 100=a lot), how would you rate the following:

- How noticeable is your tinnitus? _____
- How much does your tinnitus bother/frustrate you? _____

List details on your sound therapy:

- Most preferred sounds: _____
- Least preferred sounds: _____

Changes in Minimum Masking Level (MML): _____dB

Changes in Residual Inhibition (RI): Level _____ Time _____

Write new goals or updates to existing goals:

- _____

Achieved goals:

-
-
-

Fit adjustments: _____

Notes: _____

Follow-up visit 5: 30 weeks (6 months after first fit)

Patient Feedback:

Discuss any changes in your tinnitus since your last visit. How has your perception of it changed? Is tinnitus affecting your life in any new or different ways? Are you participating in any activities that you hadn't previously?

Tinnitus Reaction Questionnaire (TRQ)

Name: _____

Date completed: _____

This questionnaire is designed to find out what effect tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that best reflects how your tinnitus has affected you **over the past week**.

	Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
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2. My tinnitus has made me feel tense.	0	1	2	3	4
3. My tinnitus has made me feel irritable.	0	1	2	3	4
4. My tinnitus has made me feel angry.	0	1	2	3	4
5. My tinnitus has led me to cry.	0	1	2	3	4
6. My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7. My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8. My tinnitus has made me feel depressed.	0	1	2	3	4
9. My tinnitus has made me feel annoyed.	0	1	2	3	4
10. My tinnitus has made me feel confused.	0	1	2	3	4
11. My tinnitus has "driven me crazy".	0	1	2	3	4
12. My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13. My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14. My tinnitus has made it hard for me to relax.	0	1	2	3	4
15. My tinnitus has made me feel distressed.	0	1	2	3	4
16. My tinnitus has made me feel helpless.	0	1	2	3	4
17. My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18. My tinnitus has interfered with my ability to work.	0	1	2	3	4
19. My tinnitus has led me to despair.	0	1	2	3	4
20. My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21. My tinnitus has led me to avoid social situations.	0	1	2	3	4
22. My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23. My tinnitus has interfered with my sleep.	0	1	2	3	4
24. My tinnitus has led me to think about suicide.	0	1	2	3	4
25. My tinnitus has made me feel panicky.	0	1	2	3	4
26. My tinnitus has made me feel tormented.	0	1	2	3	4
Total:					

Follow-up visit 5 (*continued*)

Patient Feedback:

Discuss any changes in your tinnitus since your last visit. How has your perception of it changed? Is tinnitus affecting your life in any new or different ways? Are you participating in any activities that you hadn't previously?

Patient's tinnitus notes:

On a scale from 0 to 100 (0=not at all, 100=a lot), how would you rate the following:

- How noticeable is your tinnitus? _____
- How much does your tinnitus bother/frustrate you? _____

List details on your sound therapy:

- Most preferred sounds: _____

- Least preferred sounds: _____

Changes in Minimum Masking Level (MML): _____ dB

Changes in Residual Inhibition (RI): Level _____ Time _____

Write new goals or updates to existing goals:

- _____

Achieved goals:

- _____

Fit adjustments: _____

Notes: _____

NOTES

[illegible]

APPENDIX

Tinnitus Handicap Inventory (THI)

These questions will help identify problems your tinnitus may be causing you.

Instructions: **To fill out the questionnaire, circle “Yes,” “No” or “Sometimes” next to each question.**

F1	Does your tinnitus make it difficult for you to concentrate?	Yes	No	Sometimes
F2	Does the loudness of your tinnitus make it difficult for you to hear people?	Yes	No	Sometimes
E3	Does your tinnitus make you angry?	Yes	No	Sometimes
F4	Does your tinnitus make you confused?	Yes	No	Sometimes
C5	Does your tinnitus make you feel desperate?	Yes	No	Sometimes
E6	Do you complain a great deal about your tinnitus?	Yes	No	Sometimes
F7	Do you have trouble falling to sleep at night because of your tinnitus?	Yes	No	Sometimes
C8	Do you feel as though you cannot escape your tinnitus?	Yes	No	Sometimes
F9	Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)?	Yes	No	Sometimes
E10	Does of your tinnitus make you feel frustrated?	Yes	No	Sometimes
C11	Do you feel that you have a terrible disease?	Yes	No	Sometimes
F12	Does your tinnitus make it difficult to enjoy life?	Yes	No	Sometimes
F13	Does your tinnitus interfere with your job or household responsibilities?	Yes	No	Sometimes
F14	Do you find that you are often irritable because of your tinnitus?	Yes	No	Sometimes
F15	Does your tinnitus make it difficult for you to read?	Yes	No	Sometimes
E16	Does your tinnitus make you upset?	Yes	No	Sometimes
E17	Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?	Yes	No	Sometimes
F18	Do you find it difficult to focus your attention away from your tinnitus and on to other things?	Yes	No	Sometimes
C19	Do you feel that you have no control over your tinnitus?	Yes	No	Sometimes
F20	Do you often feel tired because of your tinnitus?	Yes	No	Sometimes
E21	Does your tinnitus make you feel depressed?	Yes	No	Sometimes
E22	Does your tinnitus make you feel anxious?	Yes	No	Sometimes
C23	Do you feel you can no longer cope with your tinnitus?	Yes	No	Sometimes
F24	Does your tinnitus get worse when you are under stress?	Yes	No	Sometimes
E25	Does your tinnitus make you feel insecure?	Yes	No	Sometimes

References: Newman, C.W., Jacobson, G.P., & Spitzer, J.B. (1996). Development of the Tinnitus Handicap Inventory.

Archives of Otolaryngology, 122, 143-148.

McCombe A., Baguley D., Coles R., McKenna L., McKinney C. & Windle-Taylor P. (2001)

Tinnitus Handicap Inventory (THI)

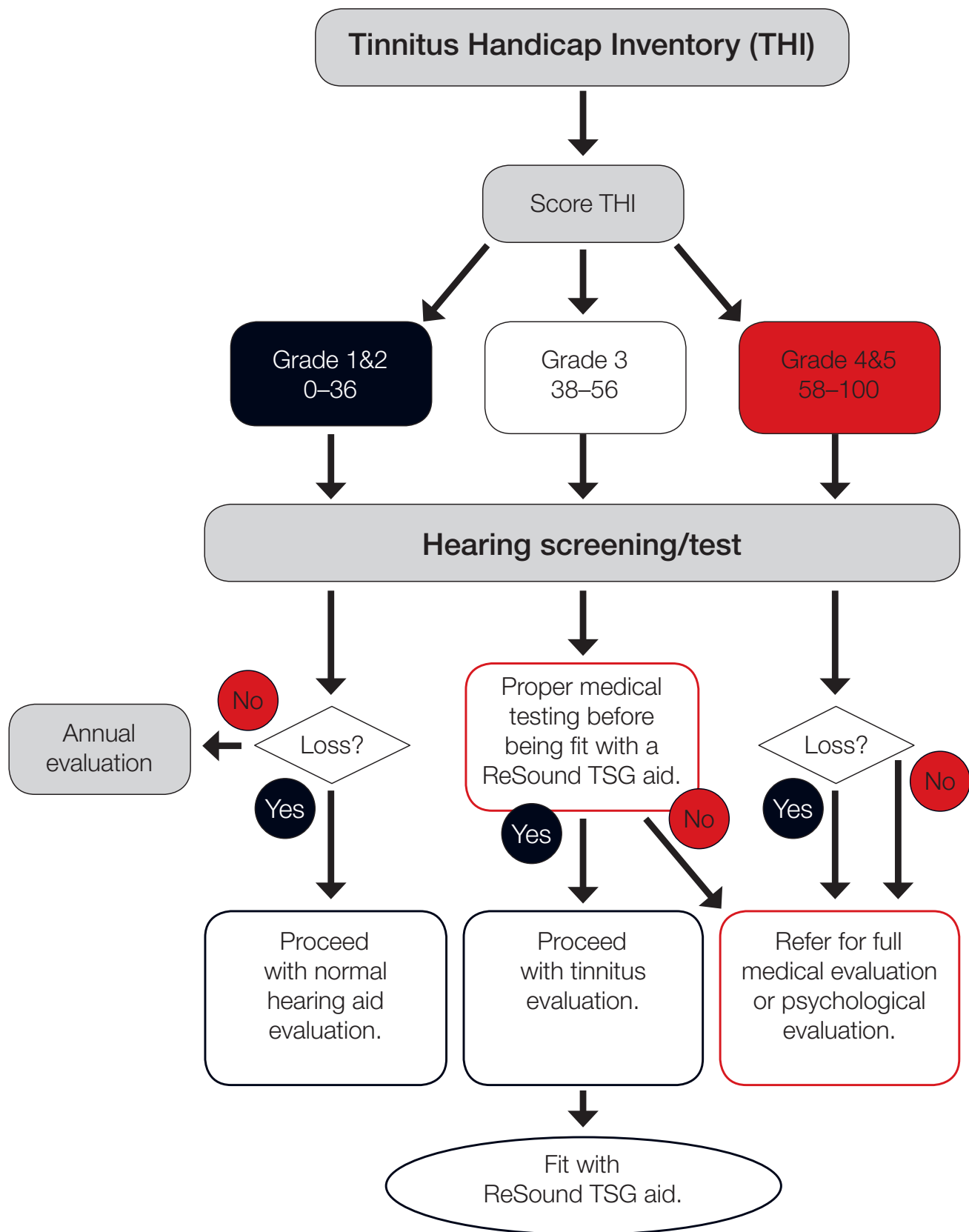
Hearing Healthcare Professional Scoring Page

1. To score the patient's questionnaire, count the number of "Yes" and "Sometimes" answers and then calculate the total points.

		POINTS
# of "Yes" _____	x 4 =	
# of "Sometimes" _____	x 2 =	
TOTAL POINTS = THI score		

2. To assess the severity of a perceived tinnitus handicap, rate the THI score according to this scale:

- 0–16 Slight or no handicap (Grade 1)
Only heard in a quiet environment.
- 18–36 Mild handicap (Grade 2)
Easily masked by environmental sounds and easily forgotten with activities.
- 38–56 Moderate handicap (Grade 3)
Noticed in presence of background noise, although daily activities can still be performed.
- 58–76 Severe handicap (Grade 4)
Almost always heard, leads to disturbed sleep patterns and can interfere with daily activities.
- 78–100 Catastrophic handicap (Grade 5)
Always heard, disturbs sleep patterns and causes difficulty with any activities.



Note: Tinnitus patients who have unilateral tinnitus or asymmetrical hearing loss regardless of THI score, should receive proper medical testing before fitting.

Tinnitus Intake Worksheet

Name: _____

Date: _____

DOB: _____

Gender: M F

Case history:

How long have you experienced tinnitus? *Triggers? *Onset? Has it gotten worse or remained the same?

Is your tinnitus in your **Right Ear**, **Left Ear**, or **Both**? (circle one)

If in both ears, do you hear it louder on the **Right Side**, **Left Side**, or **Equally Loud in Both Ears**? (circle one)

Do you experience any dizziness? **Yes** **No** (circle one)

Describe the characteristics of your tinnitus – how does it sound to you?

(e.g. high vs. low pitch, multi-tonal, constant, fluctuating, pure-tone or rushing, crickets, etc.)

Have you previously worn hearing aids/tinnitus devices? How many years? Did they help you?

What current medications are you taking?

Have you taken any medications/herbal supplements to try and relieve your tinnitus?

On a scale of 0 to 100, how often is your tinnitus noticeable? (0 = never, 100 = all the time)

0 ----- 50 ----- 100

On a scale of 0 to 100, how much does your tinnitus bother/frustrate you? (0 = not at all, 100 = a lot)

0 ----- 50 ----- 100

Questionnaires:

Tinnitus Handicap Inventory (THI)

- Record score: _____

Tinnitus Handicap Questionnaire (THQ)

- Record score Factor 1: _____
- Record score Factor 2: _____
- Record score Factor 3: _____
- Record total score: _____

Tinnitus Reaction Questionnaire (TRQ)

- Record Score: _____

Pitch Matching:

In an audiometric test booth, present pure-tones or narrow bands of noise to the contralateral ear if tinnitus is unilateral or perceived as louder in one ear. If hearing is asymmetrical, use the better ear. If hearing and tinnitus are symmetrical, then randomly select the ear.

Use a 2-alternative forced choice method to determine a matched pitch. Present tones at 10 dB SL to ensure audibility. Begin by presenting a 500 Hz tone followed by a 1000 Hz tone and determine which tone the patient perceives as being closer in pitch to their tinnitus. Then use selected tone to compare to successive frequencies until the patient selects the first tone presented in series twice. See table 1 below for an illustration of this method.

	Comparison Tone	Tone Judged to be Closest
Trial 1	1000 Hz vs. 2000 Hz	2000 Hz
Trial 2	2000 Hz vs. 3000 Hz	3000 Hz
Trial 3	3000 Hz vs. 4000 Hz	3000 Hz
Trial 4	3000 Hz vs. 6000 Hz	3000 Hz
FINAL		3000 Hz

TABLE 1. COMPARISON METHOD EXAMPLE

- Record the frequency which is described as closest to tinnitus:

Right ear: _____ Left ear: _____

Loudness Matching:

Using the pitch measured during the pitch matching procedure (alternatively, 1kHz can be used if there is significant hearing loss at that frequency, or if tolerance issues may be present at the pitch matched frequency), present a pure-tone or narrow band of noise in the same ear used for the previous procedure. Present the signal at threshold and increase intensity in 1dB or 5dB steps. Loudness matching is established when the test tone is equal in loudness to the tinnitus.

- Record the loudness level which is equal to the tinnitus:

Right ear: _____ Left ear: _____

Fitting measurements:

Establish the tinnitus sound generator (TSG) threshold. This is the lowest level where the TSG signal can be heard.

- Recorded TSG threshold level: R: _____ L: _____

Establish the fitted/preferred level of the TSG. This is where the TSG level is set for treatment. Methods such as the Threshold of Audibility or Mixing Point can be used to establish the fitted/preferred level.

- Recorded TSG level: R: _____ L: _____

Establish the minimum masking level (MML). This is the lowest level where the TSG noise begins to mask the tinnitus.

- Recorded TSG MML level: R: _____ L: _____

Note:

All the above measures can be re-administered to monitor the status of the tinnitus treatment.

Informational references

American Tinnitus Association

www.ata.org

British Tinnitus Association

<http://www.tinnitus.org.uk>

New Zealand Tinnitus Association

www.tinnitus.org.nz

**United States National Library of Medicine
National Institutes of Health**

www.nlm.nih.gov/medlineplus/tinnitus.html

Tinnitus Retraining Therapy

www.tinnitus.org

Tinnitus Research Initiative

www.tinnitusresearch.org

Oregon Tinnitus and Hyperacusis Treatment Center, Inc

www.tinnitus-audiology.com

University of Iowa Health Care: Tinnitus Clinic

www.uihealthcare.com/depts/med/otolaryngology/clinics/tinnitus/index.html

Tinnitus Practitioners Association (TPA)

www.tinnituspractitioners.com

Mindfulness Based Stress Reduction (MBSR)

www.MindfulTinnitusRelief.com

ReSound® provides excellent sound by offering innovative hearing solutions that combine original thinking and design with solid technology – all based on deep audiological insight and a profound understanding of the hearing impaired.
www.resound.com/tinnitus

ReSound North America
8001 Bloomington Freeway
Bloomington, MN 55420
1-888-735-4327
resound.com

ReSound Government Services
8001 Bloomington Freeway
Bloomington, MN 55420
1-800-392-9932
resound.com/veterans

ReSound Canada
303 Supertest Road
Toronto, Ontario M3J 2M4
1-888-737-6863
resound.com

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