ReSound Tinnitus Management

Tinnitus Management Workbook
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Patient Information
Name: ____________________________
Date: ____________________________
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)
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.)

________________________________________________________________________________________

________________________________________________________________________________________

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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.

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<td>4</td>
</tr>
<tr>
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<td>4. My tinnitus has made me feel angry.</td>
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<td>10. My tinnitus has made me feel confused.</td>
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<td>12. My tinnitus has interfered with my enjoyment of life.</td>
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<td>13. My tinnitus has made it hard for me to concentrate.</td>
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<td>14. My tinnitus has made it hard for me to relax.</td>
<td>0</td>
<td>1</td>
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<tr>
<td>15. My tinnitus has made me feel distressed.</td>
<td>0</td>
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<tr>
<td>16. My tinnitus has made me feel helpless.</td>
<td>0</td>
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<tr>
<td>17. My tinnitus has made me feel frustrated with things.</td>
<td>0</td>
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<tr>
<td>18. My tinnitus has interfered with my ability to work.</td>
<td>0</td>
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<td>19. My tinnitus has led me to despair.</td>
<td>0</td>
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<td>20. My tinnitus has led me to avoid noisy situations.</td>
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<td>21. My tinnitus has led me to avoid social situations.</td>
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<td>22. My tinnitus has made me feel hopeless about the future.</td>
<td>0</td>
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<td>23. My tinnitus has interfered with my sleep.</td>
<td>0</td>
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<td>24. My tinnitus has led me to think about suicide.</td>
<td>0</td>
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<tr>
<td>25. My tinnitus has made me feel panicky.</td>
<td>0</td>
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<tr>
<td>26. My tinnitus has made me feel tormented.</td>
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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.
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:
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Notes:
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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.

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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: __________________________________________________________
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Notes: ____________________________________________________________________
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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: __________________________________________________________________________________________
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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.

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<tr>
<td>23. My tinnitus has interfered with my sleep.</td>
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<tr>
<td>24. My tinnitus has made me think about suicide.</td>
<td></td>
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<tr>
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<tr>
<td>26. My tinnitus has made me feel tormented.</td>
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</tbody>
</table>

Total: __________

Acclimation
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.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>A good deal of the time</th>
<th>Almost all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My tinnitus has made me unhappy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. My tinnitus has made me feel tense.</td>
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</tbody>
</table>

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: __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your tinnitus make it difficult for you to concentrate?</td>
<td></td>
<td></td>
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<tr>
<td>Does the loudness of your tinnitus make it difficult for you to hear people?</td>
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<tr>
<td>Does your tinnitus make you angry?</td>
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<tr>
<td>Does your tinnitus make you confused?</td>
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<tr>
<td>Does your tinnitus make you feel desperate?</td>
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<tr>
<td>Do you complain a great deal about your tinnitus?</td>
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<tr>
<td>Do you have trouble falling to sleep at night because of your tinnitus?</td>
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<tr>
<td>Do you feel as though you cannot escape your tinnitus?</td>
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<td>Does your tinnitus interfere with your ability to enjoy social activities (such as going out to dinner, to the movies)?</td>
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<td>Does of your tinnitus make you feel frustrated?</td>
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<tr>
<td>Do you feel that you have a terrible disease?</td>
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<td>Does your tinnitus make it difficult to enjoy life?</td>
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<tr>
<td>Does your tinnitus interfere with your job or household responsibilities?</td>
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<td>Do you find that you are often irritable because of your tinnitus?</td>
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<tr>
<td>Does your tinnitus make it difficult for you to read?</td>
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<td>Does your tinnitus make you upset?</td>
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<td>Do you feel that your tinnitus has placed stress on your relationships with members of your family and friends?</td>
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<td>Do you find it difficult to focus your attention away from your tinnitus and on to other things?</td>
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<tr>
<td>Do you feel that you have no control over your tinnitus?</td>
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<tr>
<td>Do you often feel tired because of your tinnitus?</td>
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<tr>
<td>Does your tinnitus make you feel depressed?</td>
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<tr>
<td>Does your tinnitus make you feel anxious?</td>
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<tr>
<td>Do you feel you can no longer cope with your tinnitus?</td>
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<tr>
<td>Does your tinnitus get worse when you are under stress?</td>
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<tr>
<td>Does your tinnitus make you feel insecure?</td>
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</table>

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.

<table>
<thead>
<tr>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td># of “Yes”</td>
</tr>
<tr>
<td># of “Sometimes”</td>
</tr>
<tr>
<td>TOTAL POINTS</td>
</tr>
</tbody>
</table>

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.*
Tinnitus Handicap Inventory (THI)

Score THI

Grade 1&2
0–36

Grade 3
38–56

Grade 4&5
58–100

Hearing screening/test

Annual evaluation

Loss?

Yes

No

Loss?

Yes

No

Proper medical testing before being fit with a ReSound TSG aid.

Refer for full medical evaluation or psychological evaluation.

Proceed with normal hearing aid evaluation.

Proceed with tinnitus evaluation.

Fit with ReSound TSG aid.

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  ................................................................................................................................. 100

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

0  ................................................................................................................................. 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.

<table>
<thead>
<tr>
<th>Trial</th>
<th>Comparison Tone</th>
<th>Tone Judged to be Closest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial 1</td>
<td>1000 Hz vs. 2000 Hz</td>
<td>2000 Hz</td>
</tr>
<tr>
<td>Trial 2</td>
<td>2000 Hz vs. 3000 Hz</td>
<td>3000 Hz</td>
</tr>
<tr>
<td>Trial 3</td>
<td>3000 Hz vs. 4000 Hz</td>
<td>3000 Hz</td>
</tr>
<tr>
<td>Trial 4</td>
<td>3000 Hz vs. 6000 Hz</td>
<td>3000 Hz</td>
</tr>
<tr>
<td>FINAL</td>
<td></td>
<td>3000 Hz</td>
</tr>
</tbody>
</table>

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.
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

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