

Client Oriented Scale of Improvement for Progressive Tinnitus Management (PTM) 2.0

Adapted with permission from the National Acoustic Laboratory (NAL) COSI, Dillon et al. 1997.

A) When does tinnitus affect your life? (Check all that apply)

Only choose situations **NOT** related to having trouble understanding what other people are saying.

- Falling asleep
 Waking up in the morning
 Focusing on computer work
 Focusing on reading
 Relaxing
 Staying asleep
 Working quietly at my desk
 Focusing on a hobby
 Focusing on driving
 Other _____

B) Which selected area(s) would you like to focus on during the PTM series? Please list them in order of importance.

C) After completing the PTM series, how are you doing with your area(s) of focus?

	Worse	No Difference	Slightly Better	Better	Much Better
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) After completing the PTM series, I am able to engage in my area(s) of focus:

	Hardly Ever	Occasionally	Half of the Time	Much of the Time	Almost Always
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>