

### Level 4 Interdisciplinary Evaluation Tinnitus Interview

*Clinicians: This interview is intended to be administered immediately after administering the Tinnitus and Hearing Survey and thoroughly discussing the results with the patient. (Please note that this interview does not cover tinnitus-specific information that most likely was covered during the case history performed during the Level 2 Audiologic Evaluation. It may be helpful to review the case history before administering this interview.)*

**1. Does the loudness of your tinnitus change *on its own*?**

- No → **Go to #2**
- Yes → How often does it change?
- Never
  - Several times per month
  - Several times per week
  - Several times per day
  - Several times per hour

**2. Do sounds ever change the loudness of your tinnitus?**

- No effect → **Go to #3**       Softer → **Go to #3**
- Louder

**(if “LOUDER”)** What kinds of sounds make your tinnitus louder? (**Clinician:** check all categories that apply; circle any sounds that the patient identifies as a problem; write in any additional sounds mentioned by the patient)

- Very loud sounds/activities that would be expected to make the tinnitus louder (firing a gun, attending a concert, using power tools, \_\_\_\_\_) (**Clinician:** If this is the only response from the patient, then exacerbation of tinnitus by sound would be considered a normal effect.)
- Higher pitched sounds (squeals, squeaks, beeps, whistles, rings, \_\_\_\_\_)
- Lower pitched sounds (bass from radio, \_\_\_\_\_)
- Traffic (warning) sounds (emergency vehicle sirens, car horns, backup beeper on truck/van, \_\_\_\_\_)
- Traffic (background) sounds (road noise, road construction, diesel engines, garbage trucks, \_\_\_\_\_)
- Sudden impact sounds (door slam, car backfiring, objects dropping on floor, dishes clattering, \_\_\_\_\_)
- Voices (television, radio, movies, children’s voices, dog barking, \_\_\_\_\_)
- Other (describe) \_\_\_\_\_

When sound makes your tinnitus louder, how long does the change last?

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> 1-2          | <input type="checkbox"/> Second(s) |
| <input type="checkbox"/> 3-4          | <input type="checkbox"/> Minute(s) |
| <input type="checkbox"/> 5-10         | <input type="checkbox"/> Hour(s)   |
| <input type="checkbox"/> more than 10 | <input type="checkbox"/> Day(s)    |

3. How does your tinnitus affect you (not including trouble hearing or understanding speech)?

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4. Please tell me about everything you tried for your tinnitus prior to PTM. For each effort, what were you hoping would happen, and what actually did happen? *[Clinician: Sometimes a pattern will emerge showing that the patient has made repeated (unsuccessful) attempts to make the tinnitus quieter, resulting in frustration and distress. If this is the case, try to ensure that the patient begins to see this pattern more clearly.]*

What have you tried for tinnitus prior to PTM?	What were you hoping would happen?	What actually did happen?

5. Please tell me about the sounds you have used to manage your reactions to tinnitus since starting PTM. For each sound you tried, what were you hoping would happen, and what actually did happen? *(Clinician: if the patient has the Sound Plan Worksheets that were used during Level 3, these can be used to guide this interaction. It also is important to reinforce the idea that with PTM the goal is not to change the tinnitus, but rather to change how one feels.)*

What sounds have you used to manage reactions to tinnitus during PTM?	What were you hoping would happen?	What actually did happen?

6. If we decide to move ahead with one-on-one support, then we will be making plans for using sound to manage your reactions to tinnitus. It will be helpful to have a list of sound producing devices that you have available to you. Which of the following devices do you own? (*Clinician: For each type of device listed below that the patient owns, provide additional details. For instance, if patients report they own a radio, ask: how many radios, if any of them are portable, and if not portable where it is located. For each device the patient owns, ask how it currently is being used relative to tinnitus management.*)

Type of device	How many are available?	Are any portable?	If not portable, where is it located?	How is it being used with respect to tinnitus?
<input type="checkbox"/> Television				
<input type="checkbox"/> Radio				
<input type="checkbox"/> MP3 player				
<input type="checkbox"/> CD player				
<input type="checkbox"/> Satellite radio				
<input type="checkbox"/> "Sound spa"				
<input type="checkbox"/> Table top sound generator				
<input type="checkbox"/> Table top water fountain				
<input type="checkbox"/> Fan/air conditioner/etc.				
<input type="checkbox"/> Music channels on cable or satellite TV				
<input type="checkbox"/> Computer with internet access (to access radio stations, podcasts, and other sources of sound)				
<input type="checkbox"/> Cell phone capable of playing music				
<input type="checkbox"/> Other				