



Questionnaires can be sent prior to the appointment via post or email. Let the admin staff know which ones to send, they can be found on the shared drive. Routine questionnaires used are:

Tinnitus Handicap Inventory (currently used due to the availability on Audit base). [Appendix 5](#)

Visual Analogue Scale for annoyance, loudness and QoL [Appendix 4](#)

Hospital Anxiety and Depression Scale [Shared folder](#)

Insomnia Severity Index [Shared folder](#)

Also available are:

Modified Khalifa Hyperacusis Handicap Questionnaire. [Shared folder](#)

Counselling - information seeking:

Assess how tinnitus affects QoL, sleep and psychological impact. If there has been a delay accessing the service, aim to find out why they need to access care now, e.g. is it due to changes in lifestyle or health,

onset: when was tinnitus first noticed; what are the associated clinical factors/triggers (noise trauma, stress, recent events, acute illness, other); was it a sudden onset or did symptoms start gradually with a continuous increase?

Course and duration of tinnitus: Is the tinnitus progressive, regressive or stationary.

Modulation: Can the tinnitus percept be modulated by: orofacial, cervical or eye movements, head positions, movements of the jaw, tension of jaw muscles, physical exertions?

Impact: Is tinnitus bothersome/interfering with daily life (sleep-difficulties, task-interruptions,

Fearful reactions, cognitive-attentional problems, negative affect, affecting sense of identity)?

[See appendix 1](#)

Counselling - directive counselling

Using pictorial guides from the booklets, explain the mechanisms of hearing and tinnitus perception using the Jastreboff neurophysiological model, adapt as appropriate to each patient. The main points of the Jastreboff model need to be included for it to be deemed a modified version, which is appropriate for the current clinic setting.

For children:

N - normalize, i.e. we all get it

E -

S - sound enrichment strategies

T - talking, needs to be a conversation

[See appendix 2 for illustrations and words used in TRT counselling for adults.](#) [For children, Access /pediatric_Audiology/](#)

Explain the audiogram to the patient and draw in how this can relate to tinnitus perception.

Explain the role of sound therapy to aid habituation to tinnitus.

Explain the importance of relaxation techniques to reduce the associated stress with tinnitus.

Allow the patient to ask any questions they have on the information given. Reassure the patient allowing them time to process the information. Involve the accompanying

person to ask questions.

Individual management plan:

Using the Category chart 0-4 as a guide, explain the option of sound enrichment that can be used by the patient at an ear level. Either hearing aid or worn sound generator **See Appendix 3 for category chart**

Explain/ demonstrate the use of table top sound enrichment and natural ways to enhance the sound environment. Reinforce the importance of not masking tinnitus but to find the mixing point whereby the volume is equal to the tinnitus.

Discuss the option of CBT for tinnitus and the procedure involved. Suitable for children over the age of 7 years.

Discuss the option of group CBT provided locally for anxiety and depression and the coping mechanisms that can be applied to the perception of tinnitus. CAMHS for children if appropriate.

Agree with the patient which option they would like to try

Hearing aids/ noise generator

Demonstrate deep breathing exercises with the patient.

Provide patient with our leaflet which will:

Signpost sound apps for tinnitus, including the relaxation apps such as Headspace.

Signpost to the Take on Tinnitus modules for reinforcement of information given today.

Signpost to the BTA web chat and telephone helpline for further support if needed.

Signpost to local Tinnitus support group

Signpost to local IAPT service.

Signpost to books on tinnitus and relaxation.

Signpost for ear protection.

For children give them tinnitus activity books to complete, give a copy of the Tinnitus in the Classroom -Information Booklet for parents to discuss with teacher/SENCO (appendix 8 from the BSA Tinnitus in Children Practical Guidance) . Relaxkids.com for relaxation exercises/sound therapy.

Follow up

If fitting a hearing aid or noise generator, then book a tinnitus fitting appointment..

If no fitting of hearing aid or noise generator required then book a follow up appointment for 8 weeks to repeat the THI questionnaire to measure the outcome of our intervention.

Following fitting of a hearing aid book an 8 week follow up appointment to repeat THI questionnaire to measure the outcome of our intervention and to review hearing aid usage. Allows opportunity for further reassurance about tinnitus and answer patient questions.

Following a fitting of a noise generator book a 8 week follow up appointment to check usage/reassurance/respond to questions, complete a THI for during treatment and book a further appointment 3months. At 3 months repeat THI for final outcome. Reassure patient about level of usage which initially may be all day to; as and when needed and finally to not needed.

Reports

Complete a report using the Tinnitus template which includes the scoring scale for the questionnaires used. Reports should be sent to the referring doctor and copied to the GP and patient.

Onward referral

If the patient requires CBT for tinnitus, then a referral to a specialist unit is required and a request to the GP needs to be made to action this. Privately funded CBT is available in which remote sessions are offered.

If a patient demonstrates that they are struggling with mental health issues, then this needs to be highlighted to the GP immediately by telephone.

If a patient demonstrates that they are a high risk of suicide, then a call needs to be made to the hospital on call psych team for assistance. Patient can be taken to A&E to keep them safe.



Appendix 1

Structured tinnitus interview (Anderson et al 2005)

Background data (age etc.)

Hearing loss and use of hearing aids

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Appendix 2



four categories. In this case, we set the hypersensitivity of perception of any type, not just sound, the patients are advised to wear the devices for a week without turning them



VAS for tinnitus

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https://www.audiology.org/sites/default/files/journal/JAAA_09_02_10.pdf

Tinnitus Handicap Inventory

Instructions: The purpose of this questionnaire is to identify problems your tinnitus may be causing you. **Please Circle Yes, Sometimes, or No for each question.** Do not skip a question.

1F. Because of your tinnitus is it difficult for you to concentrate? **Yes No Sometimes**

2F. Does the loudness of your t