

Tinnitus SoundSupport™

Fitting Checklist

Name: _____

1. Tinnitus consultation

Date _____

<input type="checkbox"/>	Obtain a case history. The Screening Tinnitus Handicap Inventory, (Newman et al, 2008) may be useful to determine candidacy to continue with the tinnitus evaluation.
<input type="checkbox"/>	Administer your preferred self-report tinnitus questionnaire, e.g. Tinnitus Handicap Inventory or Tinnitus Functional Index. Test _____ Score _____
<input type="checkbox"/>	Complete audiometric testing, if needed.
<input type="checkbox"/>	Discuss patient's expectations.
<input type="checkbox"/>	Discuss options for treatment, e.g. patient education, sound therapies, etc.
<input type="checkbox"/>	Begin patient education and tinnitus counseling. Begin discussion and provide initial materials about tinnitus, causes, and reaction to tinnitus. Include discussion of positive aspects of tinnitus management, as opposed to a "cure" for tinnitus. Oticon has a wide range of tinnitus counseling tools available.

2. Fitting the hearing instruments

Date _____

<p><i>This step may be done at the time of the Tinnitus Consultation or in a subsequent appointment. Tinnitus treatment can be started with amplification only or with amplification plus Tinnitus SoundSupport. This decision is yours, based on the needs of your patient.</i></p>		Program settings:
<input type="checkbox"/>	Fill out the personal profile and create the primary amplification program in P1.	P1: _____
<input type="checkbox"/>	Set up a Tinnitus SoundSupport program in Tinnitus SoundSupport, P2. See Tinnitus SoundSupport Quick Fitting Guide.	P2: _____
<input type="checkbox"/>	Discuss with your patient when you will introduce the tinnitus sound program within your treatment plan.	P3: _____
<input type="checkbox"/>	Instruct your patient regarding use of the hearing instruments.	P4: _____
<input type="checkbox"/>	Continue patient education and tinnitus counseling.	

3. 1st follow-up visit (2 weeks)

Date _____

<input type="checkbox"/>	Introduce amplification plus Tinnitus SoundSupport in P2, if not done previously.						
<input type="checkbox"/>	Adjust amplification settings and Tinnitus SoundSupport settings, if needed. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">▶ Additional tinnitus programs</td> <td style="width: 33%;">▶ Frequency shaping</td> <td style="width: 33%;">▶ Volume changes</td> </tr> <tr> <td>▶ Additional relief sounds</td> <td>▶ Modulation</td> <td>▶ Automatic level steering</td> </tr> </table>	▶ Additional tinnitus programs	▶ Frequency shaping	▶ Volume changes	▶ Additional relief sounds	▶ Modulation	▶ Automatic level steering
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<input type="checkbox"/>	Continue patient education and tinnitus counseling.						



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4. 2nd follow-up visit (4 weeks)

Date _____

<input type="checkbox"/>	Discuss changes in reaction to tinnitus.
<input type="checkbox"/>	Administer questionnaire given during Tinnitus Consultation to monitor changes in perception of tinnitus. Suggested tools are the IDA Institute tinnitus tools. Test _____ Score _____
<input type="checkbox"/>	Continue patient education and tinnitus counseling.
<input type="checkbox"/>	Adjust amplification settings and Tinnitus SoundSupport settings, if needed.

5. Additional follow-up visits

A suggested schedule for follow-up visits is 2, 3 and 6 months after the initial fitting. These visits should include the same items as in the 2nd follow-up visit.

NOTE: This treatment flow is suggested for Oticon Tinnitus SoundSupport fittings.
As all patients are different, modifications to the treatment flow and treatment schedule may be needed.

Follow-up tinnitus questionnaire scores:

Test _____ Score _____ Date _____

Test _____ Score _____ Date _____

Test _____ Score _____ Date _____