

## CONSENSUS FOR PATIENT ASSESSMENT AND OUTCOME MEASUREMENTS (TRI Workshop 2006)

In each category recommendations are ordered according to their level of significance:

A: Essential

B: highly recommended

C: might be of interest

### **PATIENT ASSESSMENT**

#### **Physical examination**

A: Otologic examination by a specialist

A: Examination of the neck (range of motion, tenderness, muscle tension...)

B: Examination of the temporomandibular function

#### **Audiologic Assessment**

A: Audiometry (pure tone threshold; up to 8 kHz)

B: Immitance Audiometry

B: High Frequency Audiometry (at least up to 12 kHz)

B: Otoacoustic Emissions

B: Loudness Discomfort Level

C: Auditory Evoked Potentials

#### **Psychophusic Measures of Tinnitus**

B: Loudness match

B: Pitch match

B: Maskability (MML)

B: Residual Inhibition

#### **Case History**

A majority of participants preferred a questionnaire to be filled in by the patient (with access to someone for clarification) rather than at a structured interview. This was not a consensus. It was agreed that as a first step towards consensus a list of those items common to most existing questionnaires should be made. A first attempt to extract such a list is attached.

#### **Questionnaires**

A: Validated questionnaire for the assessment of tinnitus severity, which at present can be THI, THQ, TRQ or TQ (it was agreed that in the future a better and more widely validated questionnaire was required)

B: Assessment of tinnitus severity by additional questionnaires, and especially by the THI because it is believed that THI is validated in most languages

C: Assessment of depressive symptoms (e.g. BDI)

C: Assessment of anxiety (e.g. STAI)

C: Assessment of quality of life (e.g. WHODAS II)

C: Assessment of Insomnia (e.g. PSQI)

## **OUTCOME MEASUREMENTS**

- A: Validated questionnaire for the assessment of tinnitus severity, which at present can be THI, THQ, TRQ or TQ (it was agreed that in the future a better and more widely validated questionnaire was required)
- B: Assessment of tinnitus severity by additional questionnaires, and especially by the THI because it is believed that THI is validated in most languages
- C: Assessment of depressive symptoms (e.g. BDI)
- C: Assessment of anxiety (e.g. STAI)
- C: Assessment of quality of life (e.g. WHODAS II)
- C: Assessment of Insomnia (e.g. PSQI)
- C: Tinnitus Loudness Match
- C: Maskability (MML)
- C: Objective Measurement of brain function (functional imaging, electrophysiology)

## **ABBREVIATIONS**

kHz	kilohertz
dB	decibel
SL	sensation level
MML	minimal masking level
THI	Tinnitus Handicap Inventory. (Newman et al, 1998)
THQ	Tinnitus Handicap Questionnaire (Kuk et al, 1990)
TRQ	Tinnitus Reaction Questionnaire (Wilson et al, 1991)
TQ	Tinnitus Questionnaire (Hallam et al. 1988)
BDI	Beck Depression Inventory (Beck and Steer, 1984)
STAI	State-Trait-Anxiety-Inventory (Spielberger et al, 1970)
WHODAS	WHO Disability Assessment Schedule (McArdle et al, 2005)
PSQI	Pittsburgh Sleep Quality Index (Buysse et al, 1989)