

# Fitting Checklist

## Tinnitus SoundSupport™

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 the candidacy to continue with 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 counselling. 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.

### 2. Fitting the hearing aids

Date \_\_\_\_\_

<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>	
<input type="checkbox"/>	Create the primary amplification program in P1.
<input type="checkbox"/>	Discuss with your patient when you will introduce the tinnitus sound program within your treatment plan.
<input type="checkbox"/>	Set up a Tinnitus SoundSupport program in P2. See Oticon Fitting Guide - Tinnitus.
<input type="checkbox"/>	Instruct your patient regarding use of the hearing aids.
<input type="checkbox"/>	Continue patient education and tinnitus counselling.

Program settings:

P1: \_\_\_\_\_

P2: \_\_\_\_\_

P3: \_\_\_\_\_

P4: \_\_\_\_\_

### 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. <ul style="list-style-type: none"> <li>▶ Additional tinnitus programs</li> <li>▶ Frequency shaping</li> <li>▶ Volume changes</li> <li>▶ Additional relief sounds</li> <li>▶ Modulation</li> <li>▶ Automatic level steering</li> </ul>
<input type="checkbox"/>	Continue patient education and tinnitus counselling.

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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. Test _____ Score _____
<input type="checkbox"/>	Continue patient education and tinnitus counselling.
<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 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 \_\_\_\_\_