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

Psychophysiologic 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)