

Sound Therapy Option Profile (STOP)

Name: _____ Date: _____
CCF #: _____ Audiologist: _____

Our goal is to help you find a method or combination of methods that will provide you with relief from your tinnitus. Treatments provided by our audiologists may include sound therapy using assistive devices, hearing aids, ear-level sound generators and/or an acoustic desensitization protocol using a form of music therapy. Other options may include behavioral modification therapy provided by our Tinnitus Management Clinic team members in the Department of Psychology. In order to reach our goal of providing you with tinnitus relief, it is important that we understand your perceived tinnitus and hearing problems, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the form of sound therapy most appropriate for you. By working together we will find the best tinnitus treatment option for you.

Please complete the following questions. Be as honest as possible. Be as precise as possible. Thank you.

- How much does your tinnitus affect your overall quality-of-life? Mark an X on the line.
Not Very Much ----- *Very Much*
- How important is it for you to hear better? Mark an X on the line.
Not Very Important ----- *Very Important*
- How motivated are you to use some form of sound therapy to help provide tinnitus relief?
Mark an X on the line.
Not Very Motivated ----- *Very Motivated*
- Are you willing to use sound therapy:
 - only at those times when your tinnitus is bothering you? ___ Yes ___ No
 - at least 2-3 hours per day for at least six months? ___ Yes ___ No
 - at least 6-8 hours per day possibly up to 12 to 18 months? ___ Yes ___ No
- Do you expect the recommended sound therapy to be effective in providing you relief from tinnitus? Mark an X on the line.
I expect sound therapy to:
Not be helpful at all ----- *Provide a great deal of relief*

6. What is your most important consideration regarding sound therapy treatment? Rank the following factors with **1** as the most important and **4** as the least important. Place an **X** on the line if the item has no importance to you at all.

- ___ Improved hearing
- ___ Tinnitus relief
- ___ Improved hearing along with tinnitus relief
- ___ Cost of treatment

7. Answer this question **ONLY** after you have listened to the demonstration sounds.
How acceptable did you find the each one of the following sounds?

Nature sounds (e.g., waterfall, surf, wind, etc.)

Not Very Acceptable ----- *Very Acceptable*

Gentle white noise

Not Very Acceptable ----- *Very Acceptable*

Music

Not Very Acceptable ----- *Very Acceptable*

8. Would you be willing to pursue any of the following forms of treatment?

- Wearable ear-level device for one or both ears ___ Yes ___ No
- Wearable device that looks like an iPod or MP3 player ___ Yes ___ No
- Assistive sound generating device (e.g., bedside masker, masking tapes/CDs, etc) ___ Yes ___ No
- Psychological forms of treatment (e.g., additional counseling, cognitive behavioral modification training, biofeedback) ___ Yes ___ No

9. How confident do you feel that you will be successful in using some form of sound therapy in the treatment of your tinnitus.

Not Very Confident ----- *Very Confident*

10. In the past, have you tried any of the following forms of tinnitus treatment:

- | | | |
|---|---------|--------|
| Tinnitus masking | ___ Yes | ___ No |
| Tinnitus Retraining Therapy | ___ Yes | ___ No |
| Assistive sound generating device | ___ Yes | ___ No |
| Medical (medications, sleep therapy, surgery, other medical intervention) | ___ Yes | ___ No |
| Psychological | ___ Yes | ___ No |
| Other form/s of treatment _____ | | |

11. There is a wide range of available sound therapy options that may be used to help provide relief from your tinnitus. Devices are typically not covered by insurance. The selection of a particular form of sound therapy depends on a variety of factors including the type of device preferred (for example, assistive device vs customized wearable device), level and sophistication of device technology (for example, digital hearing aid vs compact disk vs. customized music therapy), length of time required for treatment (for example, six months versus 1 year), and personal finances. This information is helpful for us to select the most appropriate hearing device technology.

___ **Category A**
Assistive sound generating devices

___ **Category B**
Non-custom wearable sound generators

___ **Category C**
Custom wearable sound generators

___ **Category D**
Custom hearing aids
Custom combination devices (sound generator and hearing aid)
Neuromonics Tinnitus Treatment (music therapy with processor)

Thank you for answering the questions.
Your responses will assist us in providing you with the best tinnitus treatment options.

