APPENDIX

Tinnitus Ototoxicity Monitoring Interview (TOMI)

You are being treated with a medication that has the potential to affect the auditory system. One possible effect is tinnitus, which is ringing, humming, buzzing or other noises in your ears or head. Almost everyone hears noises in the ears or head that are brief and fade away—these sounds are normal. I am going to ask you about persistent tinnitus that lasts at least 5 minutes, and occurs at least twice a week.

1. [Clinician: ask only at first visit] Did you have persistent tinnitus before the start of treatment?
   - No    Yes

   1a. IF YES: How long have you had tinnitus?
   - 1 year or less    1-2 years    3-5 years    6-10 years    11-20 years    20 years or more
   - Not sure

2. Have you noticed any persistent tinnitus since you started the treatment?    No    Yes

   IF NO: The interview is complete. No further questions are required.

   IF YES:

3. What does your tinnitus sound like? (mark all that apply)
   - Ringing    Hissing    Buzzing    Sizzling    Crickets    Whistle    Hum    Other:

4. Does your tinnitus have a pulsing quality to it?    No    Yes

5. Where is your tinnitus located?
   - Left ear only    Right ear only    Both ears    Inside head    Other (describe)____________________

6. Is your tinnitus louder on one side of your head than the other?
   - Right louder than left    Left louder than right    Equal

7. How loud is your tinnitus on average?
   - Not loud at all    Slightly loud    Moderately loud    Very loud    Extremely loud

8. How much of the time do you think your tinnitus is present?
   - Occasionally    Some of the time    Most of the time    Always

9. On average, how much of a problem is your tinnitus?
   - Not a problem    Slight problem    Moderate problem    Big problem    Very big problem
[Clinician: Ask the following questions only if the patient: (1) had tinnitus before the start of treatment, or (2) reported tinnitus previously with this TOMI. The objective is to determine if the patient’s tinnitus is being affected by the drug treatment. If the patient has previously responded to this interview, each response should reflect the period of time since the last interview. Otherwise, each response reflects the period of time since before the start of treatment.]

10. Has the sound of your tinnitus changed? □ No □ Yes □ Not sure
   IF YES: How is it different?

11. Has the location of your tinnitus changed? □ No □ Yes □ Not sure
    IF YES: How is it different?

12. Has the loudness of your tinnitus changed? □ No □ Yes, louder now □ Yes, quieter now □ Not sure

13. Has the amount of time your tinnitus is present changed? □ No □ Yes, more often □ Yes, less often □ Not sure