

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**