

**Sound Tolerance Evaluation and Management  
Sound Tolerance Interview**

[Note to clinician: Use this interview only if the patient already has reported a sound tolerance problem.]

Instructions to patients: *You told me that some sounds are too loud for you when they seem normal to other people around you. We refer to this as **trouble tolerating sound**. I am going to ask you some questions about trouble tolerating sound. When you answer the questions, think back to how you have been doing over the last week.*

**1. Do you wear hearing aids?**

- No – go to Question 2
- Yes

**(If YES)** Are everyday sounds too loud when you are wearing your hearing aids?

- No
- Yes

**(If YES)** Are everyday sounds too loud when you are *not* wearing your hearing aids?

- No
- Yes

[Note to clinician: If the sound tolerance problem appears to be caused by sounds amplified by hearing aids, consider making compression, MPO, and/or other adjustments to the aids to improve comfort. If the patient is not bothered by sound when unaided, then it is possible that all that is needed is to adjust the hearing aids for comfort.]

**2. How does trouble tolerating sound affect your life?**

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**3. On a scale of 0 to 10, how much does trouble tolerating sound affect your life? (“0” would be “not at all”; “10” would be “as much as you can imagine.”)**

(not at all)    0    1    2    3    4    5    6    7    8    9    10    (as much as you can imagine)

**4. What kinds of sounds are too loud for you?**

(Clinician: check all categories that apply; circle any sounds that the patient identifies as a problem; write in any additional sounds mentioned by the patient)

- Higher pitched sounds** (squeals, squeaks, beeps, whistles, rings, \_\_\_\_\_)
- Lower pitched sounds** (bass from radio, next door music, \_\_\_\_\_)
- Traffic (warning) sounds** (emergency vehicle sirens, car horns, back-up beeper on truck/van, \_\_\_\_\_)
- Traffic (background) sounds** (road noise, road construction, diesel engines, garbage trucks, \_\_\_\_\_)
- Sudden impact sounds** (door slam, car backfiring, objects dropping on floor, dishes clattering, \_\_\_\_\_)
- Voices** (television, radio, movies, children’s voices, dog barking, \_\_\_\_\_)
- Other** (describe \_\_\_\_\_)

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**5. I'm going to read a list of activities. I want you to tell me how often trouble tolerating sound is a problem during these activities.**

(Clinician: check *avoids* if the patient avoids any of these activities due to trouble tolerating sound; if an activity is avoided, you *can* check two boxes for that activity)

|  | Never                    | Rarely                   | Some-<br>times           | Often                    | Always                   | N/A                      | <i>Avoids</i>            |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Concerts?                                       | <input type="checkbox"/> |
| b. Shopping?                                       | <input type="checkbox"/> |
| c. Movies?   | <input type="checkbox"/> |
| d. Work? (select N/A if retired)                   | <input type="checkbox"/> |
| e. Day-to-day responsibilities outside<br>of work? | <input type="checkbox"/> |
| f. Going to restaurants?                           | <input type="checkbox"/> |
| g. Driving?  | <input type="checkbox"/> |
| h. Participating in or observing sports<br>events? | <input type="checkbox"/> |
| i. Attending church?                               | <input type="checkbox"/> |
| j. Housekeeping activities?                        | <input type="checkbox"/> |
| k. Child care?                                     | <input type="checkbox"/> |
| l. Social activities?                              | <input type="checkbox"/> |
| m. Anything else? _____                            | <input type="checkbox"/> |

**6. Do you ever use earplugs or earmuffs?**

No → **Interview is complete**

Yes

(**If YES**) What percentage of your awake time do you use earplugs or earmuffs?

- |                              |                              |                              |                               |
|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 5%  | <input type="checkbox"/> 30% | <input type="checkbox"/> 55% | <input type="checkbox"/> 80%  |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 35% | <input type="checkbox"/> 60% | <input type="checkbox"/> 85%  |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 40% | <input type="checkbox"/> 65% | <input type="checkbox"/> 90%  |
| <input type="checkbox"/> 20% | <input type="checkbox"/> 45% | <input type="checkbox"/> 70% | <input type="checkbox"/> 95%  |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 50% | <input type="checkbox"/> 75% | <input type="checkbox"/> 100% |

(**If YES**) Do you ever use earplugs or earmuffs in fairly quiet situations?

No       Yes

[Note to clinician: Some patients have difficulty understanding the point of this question. Another way to phrase it is: “*Do you ever use earplugs or earmuffs because sounds are too loud for you when they seem normal to other people around you?*” The concern is that people with sound tolerance problems may wear hearing protection in fairly quiet situations out of fear that they will encounter an uncomfortably loud sound. That behavior would be considered *overprotecting* ears, and is likely to cause the sound tolerance problem to worsen. These patients need to understand that use of hearing protection can lead to greater sensitivity to sound, thus exacerbating their sound tolerance problem.]

(Clinician: does patient **overprotect** ears **due to problems with sound tolerance**?)

No       Yes

Adapted from: Henry JA, Trune D, Robb MJA, Jastreboff PJ. *Tinnitus Retraining Therapy: Clinical Guidelines*. San Diego: Plural Publishing, Inc., 2007.