**Initial Telephone Screening Interview Form (description)**

The purpose of the initial screening interview is to create a positive and sincere impression with the patient acknowledging the tinnitus concern and the ability of your practice to help them with their problem. It also creates

the opportunity to begin the determination of the extent of their problem, assistance in scheduling or referral, and the opportunity to evaluate marketing effectiveness.

**1. Are you calling today about a tinnitus or hearing problem? Tinnitus Hearing**

This will verify that they are coming in the “tinnitus” door with tinnitus as the main concern.

**2. Do you have tinnitus that is constant? Yes No**

Most people will know if their tinnitus is constant or not. If they don’t, they apparently are not overly conscious of it.

It may indicate that it is not a significant problem, even if it is a chronic condition. This will give insight to the amount of time they pay attention to it.

**3. How long have you had tinnitus? <3 months >3 months**

If the patient has had tinnitus <3 months, it may resolve on its own. If they have had it for 3 months or longer, it is more likely to be a permanent irreversible condition and indicate a need for intervention.

**4. How much of a problem is your tinnitus?**

|  |  |  |  |
| --- | --- | --- | --- |
| **no problem(0)** | **small problem(2)** | **moderate problem(4)** | **big problem(10)** |

This addresses the emotional component of tinnitus which will help to determine the extent of the problem and the

need for a referral to a Fellow Member clinic.

**5. Does the tinnitus affect your sleep?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **never(0)** | **rarely(2)** | **some of the time(4)** | **often(6)** | **always(10)** |

This gives insight to the degree of affect tinnitus has on their life.

**6. Do you find everyday sounds uncomfortable? Yes(10) No(0)**

The patient report of sound sensitivity is not indicative in determining the presence of hyperacusis. However, when a perspective patient strongly admits to avoiding everyday sounds, he should be referred to a Fellow Member clinic.

**7. Were you referred to our clinic, or, how did you find out about us?**

This provides the opportunity to evaluate ongoing marketing and determine its effectiveness.

**Total Score from questions 4,5 and 6 \_\_\_\_\_\_\_\_.**

A score of 10 or greater will indicate that the patient needs to have a complete tinnitus evaluation in a Fellow Member Tinnitus Clinic.