**Instruction for Most Comfortable Loudness (MCL):**

The purpose of this task is to find a loudness level at which the beeping sound/speech is most comfortable to listen to. Choose this level by presuming that you must listen to the beeping sound/speech to obtain information from it. For example, if you listen to the news on the radio would you adjust the volume to that level.

**Instruction for Loudness Discomfort Level (LDL):**

The purpose of this task is to find a loudness level at which the beeping sound/speech is either too loud, uncomfortably loud, annoyingly loud or discomforting loud. This means that the beeping sound/speech is at a level to which you would not choose to listen for any length.

**Protocol for Pitch Matching: Pitch Matching – Objective to obtain a snap shot of the perceived signal.**

1. Present PT/NBN 5-10 dB SL. Present ipsilaterally .
2. Present two tones at different frequencies Two octaves apart.
3. Ask patient to identify one of the two which matches closer to the perceived tinnitus
4. Present tone selected by patient with one octave higher or one octave lower. (if pt chose the lower tone, present then one octave lower, if pt chose the higher tone, present hen one octave higher)
5. Bracket method used and narrow down the difference between the two tones.
6. Repeat process to confirm reliability of the selected tinnitus match.

**Protocol for Loudness Matching:**

1. Begin presentation at threshold of the pitch matched by patient and increase in 1dB steps. Perform ipsilaterally.
2. Patient is asked to indicate when the external signal is at the same level as their tinnitus signal.
3. Measure each ear separately and for each sound identified.

**Protocol for Minimum Masking Levels (MML): - purpose to determine how well the brain can hold on to the tinnitus signal in the presence of noise.**

1. Measure Right and Left and Binaural.
2. Establish White Noise Thresholds for each ear, and binaurally.
3. Begin presenting WN at threshold and increase in 5dB steps
4. MML will be measured for contralateral and ipsilateral effect on tinnitus
5. Patient is asked to concentrate on the tinnitus in the test while the WN is presented to the contralateral ear.
6. Patient needs to indicate any changes noted in the tinnitus as the noise is increased.
7. MML is determined when the tinnitus is masked
8. Process is repeated with ipsilateral WN presentation while the patient is identifying changes in tinnitus in the stimulated ear.
9. If tinnitus is bilateral the procedure is repeated with the other ear
10. MML are used for counseling and monitoring of treatment programs

**Protocol for Residual Inhibition: (to see reduced intensity of tinnitus following presentation of certain sounds) – can show tinnitus becomes softer or partially stops)**

WN presented at MML plus 10dB for 60 seconds

Time the effect of inhibition until they hear the tinnitus again – (seconds and minutes)