Data Extraction

1. **Study design:**
    - o Randomized clinical trial
    - o Nonrandomized trial (quasi-experimental, interrupted time series design, etc.)
    - o Controlled clinical trial (not randomized)
    - o Cohort, prospective
    - o Cohort, retrospective
    - o Case-control
    - o Cross-sectional
    - o Before-after
    - o Other (identify) _____
2. **Is there any reason this study should be excluded?**
    - o Yes (identify) _____
    - o No (continue)

3. **Is this a pilot study?**
    - Yes
    - No
4. **Country**

    _____
5. **Setting (e.g., primary care, ENT, audiology, neurology, mental health service, community, internet, other-identify, etc.)**

    _____
6. **Is this the primary diagnosis of subjects in this study subjective (idiopathic, nonpulsatile) tinnitus?**
    - Yes
    - No, tinnitus is secondary to (a symptom of) another diagnosis [identify primary diagnosis-for example Meniere's disease]_____
7. **If tinnitus is secondary to another diagnosis, are there results provided <u>specific</u> to the effect of an intervention on the tinnitus symptoms?**
    - Not applicable
    - Yes (continue)
    - No (submit form now)
8. **Please describe the population included in the study (selection criteria and the number excluded if provided):**

9. **Number of intervention groups** _____
10. **Number of control groups** _____

11. Please report the AGE CHARACTERISTICS (if applicable):

Characteristics	All Patient n=? _____	Intervention Group 1 (I1) n=? _____	Control Group 1 (C1) n=? _____	Identify Group (I# or C#) and n=? _____	Identify Group (I# or C#) and n=? _____	Identify Group (I# or C#) and n=? _____	Identify Group (I# or C#) and n=? _____
Mean							
Standard Dev.							
Standard Error							
Median							
Inter Quartile Range							
Min							
Max							

12. NOTES for AGE

13. Please report GENDER (if applicable):

Gender	n/% All Patient _____	n/% Intervention 1 (I1) _____	n/% Control 1 (C1) _____	n/% Identify Group (I# or C#) _____	n/% Identify Group (I# or C#) _____
FEMALE					
MALE					

14. a) NOTES for GENDER

15. Please report RACE/ETHNICITY (if applicable):

Characteristics	**n/%** **All Patient**	**n/%** **Intervention 1** **(I1)**	**n/%** **Control 1** **(C1)**	**n/%** **Identify Group** **(I# or C#)**	**n/%** **Identify Group** **(I# or C#)**	**n/%** **Identify Group** **(I# or C#)**	**n/%** **Identify Group** **(I# or C#)**
White/Caucasian							
African-American/Black							
Hispanic							
Aboriginal							
Asian							
Other 1							
Other 2							
Other 3							

If other 1, please specify race/ethnicity: _____
If other 2, please specify race/ethnicity: _____
If other 3, please specify race/ethnicity: _____

16. Identify any medical and/or mental health comorbidities. Record any data and source location if applicable.

17. Identify the treatment intervention in this study. (Note: if the study is comparing the effectiveness of two or more interventions, identify all. Use text box to add brief detail- i.e., drug name(s), device name(s), etc.)

- o Pharmacological [identify drug(s) being studied] _____
- o Laser _____
- o Temporal Mandibular Joint-TMJ (dental orthotics, self-care, surgery) _____
- o TMS (transcranial magnetic stimulation) _____
- o Ginko Biloba extracts _____
- o Acupuncture _____
- o Hyperbaric oxygen therapy _____
- o Electrical Stimulation _____
- o Diet modification(s) [identify] _____
- o Sleep therapy/modification _____
- o Lifestyle changes (not diet or sleep) [identify] _____
- o Hearing aids _____
- o Cochlear implants _____
- o Sound generators/maskers (wearable) [identify make if provided] _____
- o Sound generators/maskers (stationary) [identify make if provided] _____
- o Neuromonics _____
- o Tinnitus Retraining Therapy (TRT) _____
- o Cognitive Behavioral Therapy (CBT) _____
- o Patient Education _____
- o Relaxation therapies _____
- o Progressive Tinnitus Management (PTM) _____
- o This study is evaluating a combination of tinnitus interventions [identify the combination] _____
- o Other [identify] _____
- o Other [identify] _____
- o Other[identify] _____
- o Other[identify] _____
- o Other[identify] _____
- o This study ONLY focuses on tools/measures that RESULT in candidacy for treatment.

18. Interventions: *Please describe intervention(s) with sufficient detail for replication.
Include duration of treatment, intensity of treatment, if feasible. (Length of study; number of follow-ups). Include page number sources of information.

19. If the study only discusses one treatment intervention, what is the Intervention compared to?

- o Usual care
- o No treatment
- o Placebo
- o Wait list
- o Not-applicable
- o Other (identify) _____

20. Number of participants allocated to Intervention Group 1 at baseline _____
21. Number of participants in Intervention Group 1 at final follow-up _____
22. Number of participants allocated to Intervention Group 2 at baseline _____
23. Number of participants in Intervention Group 2 at final follow-up _____
24. Number of participants allocated to the control group (if <u>not</u> a within-subject study). _____
25. Number of participants in control group at final follow-up _____
26. Reasons for withdrawal? (Identify group, # of withdrawals, and any reasons provided-with # per reason if included)

27. Identify source of funding (NR if not reported)

Additional Notes
