

Welcome Page

A warm welcome from the Tinnitus Research Group at Flinders University in Adelaide, Australia.

We have developed this short survey to understand how lifestyle changes due to the COVID-19 pandemic have impacted those living with tinnitus and how these experiences can be used to improve the future of patient-centered tinnitus care.

This survey takes around 15 minutes to finish. If you are above 18 years old and living with tinnitus we would value your response.

Please click the arrow to read the participant information sheet.

Participant Information Sheet

PARTICIPANT INFORMATION SHEET

Study Title: “COVID-19 and Tinnitus: An Initiative to Improve Tinnitus Care”

What is this research about?

Around 10-15% of people hear sounds such as ringing in their ears, which is called tinnitus. To some of these people, this can be severely distressing.

In late 2019, a novel strain of coronavirus primarily affecting the respiratory system emerged (COVID-19). By early 2020, the situation had developed into a pandemic. The sudden lifestyle changes caused by the COVID-19 pandemic impacted the well-being of many people and made access to healthcare for non-life-threatening conditions like tinnitus difficult.

We want to understand the functional and emotional challenges those living with tinnitus experienced during the pandemic and use this information to guide new, improved and accessible tinnitus care.

This project is supported by Flinders University.

What will I be asked to do?

Complete a short (15 minute) online survey

What benefit will I gain from being involved in this study?

You will be providing a valuable contribution to scientific knowledge in this area. This knowledge will help educate future research and decisions made regarding improving current tinnitus care. You will also have the option to register your interest to receive information via email about future research you may be eligible to take part in.

Will I be identifiable by being involved in this study?

No identifying information will be published, only collated responses will be presented. All information and results obtained in this study will be stored in a secure way, with access restricted to researchers listed below.

Are there any risks of discomforts if I am involved?

We do not expect the survey questions to cause any harm or discomfort to you. However, if you experience feelings of distress as a result of participation in this study, you can exit the survey at any time with no penalty. You can also contact the following services for support:

- Lifeline – 13 11 14, www.lifeline.org.au
- Beyond Blue – 1300 22 4636, www.beyondblue.org.au

What will happen with the results of the study?

Results from this study will be published in scientific journals, presented at conferences and a short summary of outcomes will be published on the Flinders University website. However, the privacy and confidentiality of individuals will be protected at all times. You will not be named, and your individual information will not

be identifiable in any research products without your explicit consent. No data will be shared or used in future research projects without your explicit consent.

How do I agree to participate?

Participation is voluntary. You are free to exit the survey at any time prior to completion with no effect or consequences. If you agree to participate, please read and agree to the consent form on the next screen.

Thank you for taking the time to read this information sheet.

Researchers

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This research study has been approved by the Flinders University Human Research

Ethics Committee (Project ID: 2857). For queries regarding the ethics approval of this study, or to discuss any concerns of complaints, please contact the Executive Officer of the committee via telephone on +61 8201 3116 or email human.researchethics@flinders.edu.au

Participant Consent Form

CONSENT STATEMENT

1. I have read the participant information provided (previous screen).
2. I am 18 years or older.
3. Details of the study, study outcomes and risks have been explained to my satisfaction.
4. I understand that:
 - Participation is entirely voluntary, and I am free to exit the survey at any time with no effect or consequences.
 - I may not directly benefit from taking part in this research.
 - While the information gained in this study will be published as explained, my individual information will remain confidential.
 - Only the researchers on this project will have access to my research data and raw results.

Do you agree to participate in this research survey? By clicking yes, you agree to the above consent statement.

- Yes, I would like to participate in the survey
- No

Screening

Do you experience tinnitus (ringing/buzzing/other sounds in the ears without any external sound)?

No

Yes

Demographics

What is your age? (Years)

What is your gender?

Male

Female

Gender neutral

Over the past year, which country have you spent the most time in?

Clinical information - adapted from TSCHQ

When did you first experience your tinnitus? (e.g., 5 years ago)

What was the initial onset of your tinnitus related to? (Select all that apply)

- Loud blast of sound
- Whiplash
- Change in hearing
- Stress
- Head Trauma
- Surgery
- COVID-19
- Other, please specify
- Unsure

Where do you hear your tinnitus?

- Right ear
- Left ear
- Both ears, worse in right
- Both ears, worse in left
- Both ears, equally
- Inside the head
- Elsewhere, please explain

Would you describe your tinnitus as:

- Intermittent - it comes and goes from time to time
- Constant - it is there all the time

Does your tinnitus seem to PULSATE?

- Yes, with heartbeat
- Yes, different from heartbeat
- No

How would you describe the sound of your tinnitus? (Select all that apply)

- Hissing
- Ringing
- Pulsing
- Buzzing
- Clicking
- Cracking
- Humming
- Popping
- Roaring
- Rushing
- Whistling
- Whooshing
- Other, please specify

How would you describe the pitch of your tinnitus?

Very low pitch (e.g., thunder)

Very high pitch (e.g., whistle)

0 1 2 3 4 5 6 7 8 9 10

Clinical information - TFI

Over the **PAST WEEK...**

What percentage of your time awake were you consciously **AWARE OF** your tinnitus?
(0% is never aware, 100% is always aware)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How **STRONG** or **LOUD** was your tinnitus?

Not at all strong or loud Extremely strong or loud

0 1 2 3 4 5 6 7 8 9 10

What percentage of your time awake were you **ANNOYED** by your tinnitus? (0% is none of the time, 100% is all of the time)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Did you feel **IN CONTROL** in regard to your tinnitus?

Very much in control Never in control

0 1 2 3 4 5 6 7 8 9 10

How easy was it for you to **COPE** with your tinnitus?

Very easy to cope Impossible to cope

0 1 2 3 4 5 6 7 8 9 10

How easy was it for you to **IGNORE** your tinnitus?

Very easy to ignore Impossible to ignore

0 1 2 3 4 5 6 7 8 9 10

How much did your tinnitus affect your ability to **CONCENTRATE**?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much did your tinnitus affect your ability to **THINK CLEARLY**?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much did your tinnitus affect your ability to **FOCUS ATTENTION** on other things besides your tinnitus?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How often did your tinnitus make it difficult to **FALL ASLEEP** or **STAY ASLEEP**?

Never had difficulty

Always had difficulty

0 1 2 3 4 5 6 7 8 9 10

How often did your tinnitus cause you difficulty in getting **AS MUCH SLEEP** as you needed?

Never had difficulty

Always had difficulty

0 1 2 3 4 5 6 7 8 9 10

How much of the time did your tinnitus keep you from **SLEEPING** as **DEEPLY** or as **PEACEFULLY** as you would have liked?

None of the time

All of the time

0 1 2 3 4 5 6 7 8 9 10

Over the **PAST WEEK...**

How much has your tinnitus interfered with your ability to **HEAR CLEARLY?**

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your ability to **UNDERSTAND PEOPLE** who are talking?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your ability to **FOLLOW CONVERSATIONS** in a group or at meetings?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your **QUIET RESTING ACTIVITIES?**

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your ability to **RELAX?**

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your ability to enjoy "**PEACE AND QUIET**"?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your enjoyment of **SOCIAL ACTIVITIES**?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your **ENJOYMENT OF LIFE**?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How much has your tinnitus interfered with your **RELATIONSHIPS** with family, friends and other people?

Did not interfere

Completely interfered

0 1 2 3 4 5 6 7 8 9 10

How often did your tinnitus cause you to have difficulty performing your **WORK OR OTHER TASKS**, such as home maintenance, school work, or caring for children or others?

Never had difficulty

Always had difficulty

0 1 2 3 4 5 6 7 8 9 10

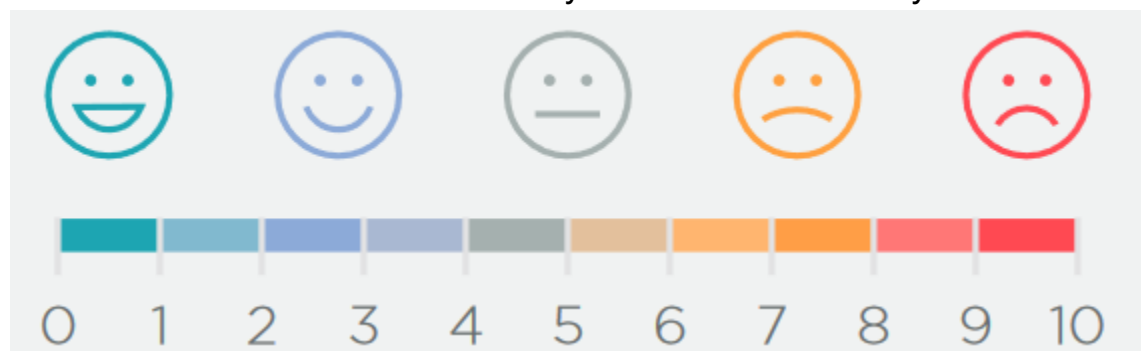
How **ANXIOUS** or **WORRIED** has your tinnitus made you feel?

Not at all anxious or worried

Extremely anxious or worried

0 1 2 3 4 5 6 7 8 9 10

How **BOTHERED** or **UPSET** have you been because of your tinnitus?



Not at all bothered or upset

Extremely bothered or upset

0 1 2 3 4 5 6 7 8 9 10

How **DEPRESSED** were you because of your tinnitus?

Not at all depressed

Extremely depressed

0 1 2 3 4 5 6 7 8 9 10

Clinical Information: Pre-pandemic

Compared to the start of the **COVID-19** pandemic ...

The **LOUDNESS** of my tinnitus has ...

- Increased
- Decreased
- Stayed the same

I have been **ANNOYED** by my tinnitus ...

- More frequently
- Less frequently
- The same amount

I have been **BOTHERED** or **UPSET** by my tinnitus ...

- More frequently
- Less frequently
- The same amount

Clinical information: HADS

Click the option that is closest to how you have been feeling in the **PAST WEEK**.
Don't take too long over your replies: your immediate is best.

I feel tense or 'wound up':

- Most of the time
- A lot of the time
- From time to time, occasionally
- Not at all

I feel as if I am slowed down:

- Nearly all the time
- Very often
- Sometimes
- Not at all

I still enjoy the things I used to enjoy:

- Definitely as much
- Not quite so much
- Only a little
- Hardly at all

I get a sort of frightened feeling like 'butterflies' in the stomach:

- Not at all
- Occasionally
- Quite often
- Very often

I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

I have lost interest in my appearance:

- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever

I can laugh and see the funny side of things:

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

I feel restless as I have to be on the move:

- Very much indeed
- Quite a lot
- Not very much
- Not at all

Worrying thoughts go through my mind:

- A great deal of the time
- A lot of the time
- From time to time, but not too often
- Only occasionally

I look forward with enjoyment to things:

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

I feel cheerful:

- Not at all
- Not often
- Sometimes
- Most of the time

I get sudden feelings of panic:

- Very often indeed
- Quite often
- Not very often
- Not at all

I can sit at ease and feel relaxed:

- Definitely
- Usually
- Not often
- Not at all

I can enjoy a good book or radio or TV program:

- Often
- Sometimes
- Not often
- Very seldom

COVID-19 virus, medication & tinnitus

In the past year, have you had any COVID-19 symptoms such as fever, dry cough, tiredness, aches, sore throat, loss of taste or smell, or difficulty breathing?

- No
- Yes, and received a negative COVID-19 test result
- Yes, and received a positive COVID-19 test result
- Yes, but was not tested for COVID-19

What specific COVID-19 symptoms were you experiencing? (Select all that apply)

- Fever
- Dry Cough
- Tiredness
- Aches
- Sore throat
- Loss of taste or smell
- Difficulty breathing
- Other, please specify

Since experiencing COVID-19 symptoms, has your tinnitus changed?

- No
- Yes, my tinnitus has become more bothersome (please describe)
- Yes, my tinnitus has improved (please describe)
- Yes, my tinnitus started after experiencing COVID-19 symptoms

How long did this change in your tinnitus (due to COVID-19 symptoms) last?

- Number of weeks:
- Still ongoing (please specify number of weeks)

Did you take any medications for your COVID-19 symptoms?

- No
- Yes, please specify

Did the changes you experienced in your tinnitus occur before or after taking these medication(s) for your COVID-19 symptoms?

- Before
- After
- Unsure

Have you been vaccinated for COVID-19?

- No
- Yes, received the first dose
- Yes, received the first and second dose

Which COVID-19 vaccine did you receive?

- Pfizer / BioNTech Comirnaty
- Astra Zeneca
- Novavax
- Moderna
- Johnson & Johnson's Janssen
- Other, please specify
- Unsure

Having been vaccinated for COVID-19, do you now feel less worried?

- No
- Yes

Since receiving the COVID-19 vaccine, has your tinnitus changed?

- No
- Yes, my tinnitus has become more bothersome (please describe)
- Yes, my tinnitus improved (please describe)
- Yes, my tinnitus started after receiving the COVID-19 vaccine

How long did this change in your tinnitus (due to COVID-19 vaccination) last?

Number of weeks:

Still ongoing (please specify number of weeks)

Lifestyle changes - quarantine / self isolation

Are you currently:

- In self-isolation or quarantine
- Rigorously following social distancing advice
- Informally following social distancing advice
- Unchanged since pre-pandemic

At any time during the COVID-19 pandemic, were you required to self-isolate or quarantine?

- No
- Yes

How much time have you spent in self-isolation or quarantine? (Weeks)

During this time how many other people were you self-isolating or in quarantine with?

Do you think your experience in self-isolation or quarantine affected your tinnitus?

- No, my tinnitus was not affected
- Yes, my tinnitus improved (please describe)
- Yes, my tinnitus became more bothersome (please describe)
- Other, please specify

Lifestyle changes - Employment

Did your employment situation change due to the COVID-19 pandemic?

- No
- Yes, I now work more remotely
- Yes, I was granted unpaid leave of absence (Furloughed)
- Yes, I became unemployed
- Yes, my hours were reduced
- Other, please explain

Do you think your changes in employment situation have affected your tinnitus?

- No
- Yes, my tinnitus has improved (please describe)
- Yes, my tinnitus has become more bothersome (please describe)
- Other, please specify

How worried are you about your financial security due to the COVID-19 pandemic?

- Not at all worried
- Somewhat worried
- Very worried

Lifestyle changes - Social contact

How has your amount of **in-person** social contact changed since the pandemic?

	Less contact	Similar contact	More contact
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How has your amount of **virtual** social contact changed since the pandemic?

	Less contact	Similar contact	More contact
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think these changes in social contact have affected your tinnitus?

- No, my tinnitus was not affected
- Yes, my tinnitus has improved (please explain)
- Yes, my tinnitus has become more bothersome (please explain)
- Other, please specify

Lifestyle changes - Diet & Exercise

How have the following diet and exercise factors been affected in your life due to the COVID-19 pandemic?

	Not applicable (did not use pre-pandemic)	Decreased	No Change	Increased
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lifestyle changes - Access to healthcare

Have you tried any of the following approaches to manage your tinnitus?

	No	Yes, I am currently using this and it helps	Yes, I am currently using this but it does not help	Yes, I tried this in the past and it helped	Yes, I tried this in the past but it did not help
Regular in-person appointments with audiologist / clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular virtual appointments with audiologist / clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental noise/music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White noise devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus smartphone apps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tinnitus retraining therapy (TRT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive behavioural therapy (CBT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person support group(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Virtual support group(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You mentioned that you have stopped using a tinnitus management approach that helped your tinnitus, why did you stop this approach?

- Cost
- Could no longer access due to the COVID-19 pandemic
- Could no longer access due to another reason (please explain)

- Other, please explain

You mentioned that you have tried tinnitus smartphone apps. Please tell us which app you used and if there is anything you would like to share with us about your experience? (e.g., Did you like it? Will you keep using this app? What features would you like to see included?)

You mentioned that you have had virtual meetings with an audiologist / clinician. Is there anything you would like to share with us about your experience?

Are you currently using or have you tried any approaches that have not been mentioned to manage your tinnitus?

- No
- Yes, please describe

Did this method improve your tinnitus?

- Yes
- No, my tinnitus stayed the same
- No, my tinnitus became more bothersome

Do you take or have you tried any medications to manage your tinnitus?

- No
- Yes, prescription medication (please specify)
- Yes, over-the-counter medication (please specify)

Did this medication improve your tinnitus?

- Yes
- No, my tinnitus stayed unchanged
- No, my tinnitus became more bothersome

How satisfied are you with your current tinnitus treatment(s)?

- Very Unsatisfied Somewhat Unsatisfied Neutral Somewhat Satisfied Very Satisfied
-

Do you believe that your regular tinnitus care has changed because of the COVID-19 pandemic?

- No
- Yes, I now have less access to tinnitus care (please describe)
- Yes, I am now trying different tinnitus management approaches (please describe)
- Yes, I am using tinnitus management approaches for the first time (please describe)
- Other, please explain

Do you believe that having less access to your regular tinnitus care has affected your tinnitus?

- No, my tinnitus is the same
- Yes, my tinnitus has improved (please explain)
- Yes, my tinnitus has become more bothersome (please explain)

Since trying these different tinnitus management approaches, has your tinnitus changed?

- No, my tinnitus is the same
- Yes, my tinnitus has improved (please describe)
- Yes, my tinnitus has become more bothersome (please describe)

Since starting to use tinnitus management strategies, has your tinnitus changed?

No, my tinnitus is the same

Yes, my tinnitus has improved (please describe)

Yes, my tinnitus has become more bothersome (please describe)

What factors are important to you when considering a treatment for tinnitus? (Select all that apply)

Cost

How long the treatment will take

Location of treatment

Credibility of clinician

Good relationship with clinician

Good reviews from others who have tried the treatment

How long the treatment will last

How much effort is required from me

Is there anything else you would consider before trying a new treatment for tinnitus?

No

Yes, please explain

Patient vision for tinnitus care

Do you feel that there were enough tinnitus healthcare services available **BEFORE** the pandemic?

Yes

No (please explain)

Do you feel that there are enough tinnitus healthcare services available **DURING** the pandemic?

Yes

No (please explain)

Do you know where you can go to access reliable information about tinnitus?

Yes

No

What reliable sources have you accessed or been directed to? (Select all that apply)

American Tinnitus Association (ATA)

British Tinnitus Association (BTA)

Tinnitus SA

Government health websites

Medical journals

Information brochures

Other, please specify

How did you find those sources? (Select all that apply)

- Suggested by clinician
- Internet search
- Word of mouth
- Other, please specify

Anything else

Is there anything else you would like to share regarding your tinnitus experience during the COVID-19 pandemic?

- No
- Yes, please explain

How would you like to see tinnitus care improve in the future?

Patient contact

Would you be interested to further discuss the impact of COVID-19 on your tinnitus with a member of the research team?

- Yes
- No

Please provide an email address for us to contact you. (By answering this question,

you consent to being contacted via email by the research team listed in this application.)

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