

Supplementary tables

Supplementary Table 1. Summary of Tinnitus Studies on Help-Seekers

Study	Participants	Key findings
Hallberg and Erlandsson, (1993) Survey/descriptive/quantitative	Participants, n=87 (males and females) Males had worse hearing at higher frequencies than females Help-seekers (complainers), n=43 aged 28-69 consecutive patients seeking help for tinnitus from audiology department. Non-help-seekers (non-complainer), 44 aged 40-60 years randomly selected from patient records from audiology department. No controls	Help-seekers reported better hearing than non-help-seekers. Help-seekers reported significantly more combined tinnitus sounds and more non-fluctuating tinnitus. Help-seekers reported significantly higher psychological variables, concentration difficulties, irritability and sleep disturbances than non-help-seekers
Attias et al., (1995) Survey/descriptive/quantitative	Participants, n=173 (males only) Help-seekers, n=50 males in active army service with noise induced hearing loss and > 1 year chronic tinnitus, and no major psychological conditions Non-help-seekers, n=50 males in active army service with noise induced hearing loss and >1 year chronic tinnitus, and no major psychological conditions Controls, n=73 no tinnitus or hearing loss aged matched with male army personnel	Help-seekers with more severe noise induced hearing loss (NIHL) reported a more severe psychological profile than non-help-seekers. Non-help-seekers also reported a more severe psychological profile when compared to the controls without tinnitus. Psycho-social behavioural differences between help-seekers and non-help-seekers due to the higher psychological symptoms and reduced coping with tinnitus of help-seekers. Tinnitus loudness to be significantly lower in help-seekers compared to non-help-seekers, however the help-seeker group reported a significantly lower tolerance to noise, indicating inhabitation to the tinnitus noise
Scott and Lindberg, (2000) Survey/descriptive/quantitative	Participants, n=634 (males and females) Help-seekers, 117 aged 20-78 years from an audiological clinic Non-help-seekers, 201 aged 18-83 years population register of 2,500 Swedish residents Controls, 317 aged 18-83 years population register of 2,500 Swedish residents	Help-seekers had significantly higher scores than the other groups for anxiety, depression and reactions to stress (when hearing loss was controlled). Help-seekers reported an increased number of somatic complaints including problems with sleep and concentration, when

		<p>compared with non-help-seekers and controls. Non-help-seeker group compared with controls reported no significant scores for psychological variables except for severity and frequency of daily hassles and for somatic complaints headaches, muscle tension, sleep and concentration. For social support, marital status was found to have no impact on help-seeker status.</p>
<p>Bartels et al., (2008) Survey/descriptive/quantitative</p>	<p>Participants, n=265 consecutive otorhinolaryngology patients (males and females) Help-seekers, 265 <60 years 161 (60.8%) ≥60 years 104 (39.2%) Four sub-groups: No-symptoms (n=108) Anxiety-only (n=27) Depression-only (n=26) Anxiety-plus-depression (n=104) No controls</p>	<p>Significant differences were found for help-seekers with anxiety plus depression with anxiety only and depression only groups for mental scale, tinnitus distress (Tinnitus Reaction Questionnaire), tinnitus handicap (Tinnitus Handicap Index), maladaptive coping but not for the physical scales such as physical role or functioning, bodily pain and general health. Anxiety-plus-depression general health, tinnitus specific and coping was severely impacted than other groups especially compared with no-symptoms help-seekers. Social support and marital status no impact on the help-seeker status.</p>
<p>Rademaker et al., (2021) Survey/descriptive/quantitative</p>	<p>Participants, n=932 (males and females) With tinnitus, n=216, median age 67.0 (IQR 17) years Help-seekers, n=73 (including one that planned to seek help) Non-help-seekers, n=142 Controls, compared with participants without tinnitus, (n=690)</p>	<p>Help-seekers were more likely to view tinnitus as a significant problem, experience tinnitus constantly and with varying loudness, report higher scores on anxiety and depression scales, report a higher prevalence of dental problems, depression, balance issues/vertigo, and hearing loss. Help-seekers identified hyperacusis as a problem influencing their decision to seek help.</p>

Supplementary Table 2. Associations Between Participant Demographics, Tinnitus Characteristics, Tinnitus Distress, Health Status, and Sex

(Male or Female)

Variable	Male (n=81) 61.1%		Female (n=50) 38.2%		T-Test	
	Mean	SD	Mean	SD	MD, CI 95%,	<i>t</i> , <i>p</i> value, effect size
Age	59.7	5.3	59.8	4.6	-0.19, (-1.94, 1.55)	<i>t</i> (114.48)=-0.22, <i>p</i> =0.83,-0.04
Variable	Male		Female		Odds Ratio	
	n	%	n	%	OR (95% CI)	
Help-seeking	36.0	44.4	21.0	42.0	1.1 (0.5, 2.3)	
Non-help-seeking	45.0	55.6	29.0	58.0		
Variable	Male		Female		Mann-Whitney U	
	Median	IQR	Median	IQR	<i>Z</i> , <i>p</i> value, <i>r</i>	
TRQ total score (range 0-73)	10.0	19.0	4.0	9.0	-2.241, 0.03 , 0.20	
TRQ general distress	3.0	8.0	1.0	3.0	-2.730, 0.01 , 0.24	
TRQ interference	6.0	10.0	2.0	5.0	-2.651, 0.01 , 0.23	
TRQ severity	4.0	8.0	2.5	5.0	-1.642, 0.10, 0.14	
TRQ avoidance	1.0	5.0	0.0	2.0	-2.310, 0.02 , 0.20	
GHSI total score (range 16.7-88.9)	61.1	18.1	66.0	11.5	-2.640, 0.01 , 0.23	
GHSI general health subscale	75.0	26.1	85.4	12.5	-3.563, < 0.001 >, 0.30	
GHSI social support	8.3	20.8	0.0	16.7	-2.669, 0.01 , 0.23	
GHSI physical health	50.0	33.3	50.0	25.0	-0.347, 0.73, 0.03	
Variable	Male		Female		Odds Ratio	
	n	%	n	%	OR (95% CI)	
Tinnitus ringing	40	49.4	31	62.0	0.6 (0.3, 1.2)	
Non-ringing tinnitus (ref)	41	50.6	19	38.0		
Tinnitus permanent	60	74.1	30	60.0	1.9 (0.9, 4.0)	
Tinnitus intermittent (ref)	21	25.9	20	40.0		
Tinnitus (>5) years	67	82.7	37	74.0	1.7 (0.7, 4.0)	
Tinnitus (≤ 5) years (ref)	14	17.3	13	26.0		

Onset: gradual	67	82.7	38	76.0	1.5 (0.6, 3.6)
Onset: abrupt (ref)	14	17.3	12	24.0	
Stress affects tinnitus	19	23.5	20	40.0	0.4 (0.2, 1.0)
No affect (ref)	62	76.5	30	60.0	
Tiredness affects tinnitus	24	37.5	18	54.5	0.5 (0.2, 1.2)
No affect (ref)	40	62.5	15	45.5	
Loud noise affects tinnitus	34	47.2	10	29.4	2.1 (0.9, 5.1)
No affect (ref)	38	52.8	24	70.6	
Concentration affected by tinnitus	39	48.1	22	44.0	1.2 (0.6, 2.4)
No affect (ref)	42	51.9	28	56.0	
On prescribed medication (self-reported)	34	42.0	28	56.0	0.6 (0.3, 1.2)
No medication (ref)	47	58.0	22	44.0	
Hearing loss (self-reported)	52	64.2	15	30.0	4.2 (2.0, 8.9)
No hearing loss (ref)	29	35.8	35	70.0	
Anxiety (self-reported)	17	21.0	23	46.0	0.3 (0.1, 0.7)
No anxiety (ref)	64	79.0	27	54.0	
Depression (self-reported)	31	38.3	19	38.0	1.0 (0.5, 2.1)
No depression (ref)	50	61.7	31	62.0	
<hr/> <i>Sound pain or discomfort from sound</i>					
Never (ref)	28	34.6	17	34.0	
Rarely	19	23.5	20	40.0	0.6 (0.2, 1.4)
Sometimes	21	25.9	9	18.0	1.4 (0.5, 3.8)
Usually	9	11.1	2	4.0	2.7 (0.5, 14.2)
Always	4	4.9	2	4.0	1.2 (0.2, 7.4)
<hr/> <i>Problem tolerating sounds</i>					
Never (ref)	10	12.3	4	8.0	
Rarely	17	21.0	9	18.0	0.8 (0.2, 3.1)
Sometimes	28	34.6	23	46.0	0.5 (0.1, 1.8)
Usually	17	21.0	8	16.0	0.9 (0.2, 3.6)
Always	9	11.1	6	12.0	0.6 (0.1, 2.8)

Tinnitus pitch

High frequency (ref)	44	54.3	26	52.0	
High vs Medium frequency - Tinnitus pitch	32	39.5	16	32.0	1.2 (0.5, 2.6)
High vs Low frequency - Tinnitus pitch	5	6.2	8	16.0	0.4 (0.1, 1.2)
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<i>Tinnitus loudness: (Scale 1-low to 5-high)</i>					
1 (ref)	10	12.3	10	20.0	
2 (1 vs 2) - Tinnitus loudness: (Scale 1 to 5)	13	16.0	5	10.0	2.6 (0.7, 10.1)
3 (1 vs 3) - Tinnitus loudness: (Scale 1 to 5)	41	50.6	26	52.0	1.6 (0.6, 4.3)
4 (1 vs 4) - Tinnitus loudness: (Scale 1 to 5)	17	21.0	9	18.0	1.9 (0.6, 6.2)
5.0	0	0.0	0	0.0	

Note. Missing data: *Loud noise affects tinnitus* $n = 106$ ($n = 25$ answered "I don't know"), *tiredness affects tinnitus* $n = 97$ ($n = 34$ answered "I don't know"). Interquartile range (IQR); Mean Difference (MD). Abbreviations: TRQ = Tinnitus Reaction Questionnaire, tinnitus distress total score; TRQ-GD = general distress subscore; TRQ-I = interference subscore; TRQ-S = severity subscore; TRQ-A = avoidance subscore; GHSI = Glasgow Health Status Inventory—all purpose, health status total score; GHSI-G = general subscore; GHSI-SS = social support subscore; GHSI-P = physical subscore.

For Mann–Whitney U test, if distributions were similar, as assessed by visual inspection, the median is reported instead of the mean rank. For all categorical comparisons, the reference category is indicated with "(ref)" in the table. Odds ratios represent the odds of the outcome in the specified category compared with the reference category. For example, in the "Tinnitus ringing" variable, non-ringing tinnitus (ref) is used as the baseline for odds ratio calculation.