



AUDITORY BRAINSTEM RESPONSE (ABR) INFANT UNSEDATED INSTRUCTIONS

Your child has been scheduled for an auditory brainstem response (ABR) evaluation. An ABR is an objective test that measures the response of the auditory nerve to sound. Insert earphones will be placed in your child's ears, which will present different tones and click sounds. Electrodes will be placed on your child's forehead and earlobes, which detect electrical signals generated in response to the sounds.

In order to perform this evaluation, your child must sleep throughout the test. To better help your child sleep during the test:

- It is helpful to bring your child hungry. Plan to feed your child at the appointment time just before testing. A full stomach will help your child be comfortable and sleep for the test.
- Please deprive your child of sleep before the test so that he/she will be tired enough to sleep for the entirety of the test. Attempt to wake your child earlier than usual on the day of testing.

We realize it is difficult to not allow your child to sleep or eat as usual; however, it is very important for the success of the evaluation and allows the audiologist to obtain the most reliable results. The test typically lasts one hour but we allow 2-2.5 hours for test preparation, testing and consultation.

Upon completion of the test, the audiologist will discuss all the results. A report will be written to the referring physician discussing the results and any recommendations.

If you have any questions regarding the test or the test instructions, please contact our office at (423) 928-1901.



Tinnitus Handicap Inventory

Patient Name: _____ Date: _____

INSTRUCTIONS: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.

- | | |
|---|---|
| 1. Because of your tinnitus, is it difficult for you to concentrate? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 2. Does the loudness of your tinnitus make it difficult for you to hear people? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 3. Does your tinnitus make you angry? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 4. Does your tinnitus make you feel confused? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 5. Because of your tinnitus, do you feel desperate? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 6. Do you complain a great deal about your tinnitus? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 7. Because of your tinnitus, do you have trouble falling asleep at night? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 8. Do you feel as though you cannot escape your tinnitus? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner or to the movies)? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 10. Because of your tinnitus, do you feel frustrated? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 11. Because of your tinnitus, do you feel you have a terrible disease? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 12. Does your tinnitus make it difficult for you to enjoy life? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 13. Does your tinnitus interfere with your job or household responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 14. Because of your tinnitus, do you find that you are often irritable? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 15. Because of your tinnitus, is it difficult for you to read? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 16. Does your tinnitus make you upset? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 17. Do you feel your tinnitus has placed stress on your relationships with members of your family and friends? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 18. Do you find it difficult to focus your attention away from your tinnitus and onto other things? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 19. Do you feel you have no control over your tinnitus? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 20. Because of your tinnitus, do you often feel tired? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 21. Because of your tinnitus, do you feel depressed? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 22. Does your tinnitus make you feel anxious? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 23. Do you feel you can no longer cope with your tinnitus? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 24. Does your tinnitus get worse when you are under stress? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |
| 25. Does your tinnitus make you feel insecure? | <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No |

Newman, C.W., Jacobson, G.P., Spitzer, J.B. (1996). Development of the Tinnitus Handicap Inventory. *Arch Otolaryngology Head Neck Surg*, 122, 143-8.

McCombe, A., Baguely, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: the results a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 999. *Clin. Otolaryngology* 26, 388-393. © 2013 Starkey Hearing Technologies. All Rights Reserved. 81068-007 1/13 FORM2617-00-EE-XX

For Clinician Use Only

Total Per Column	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>
	x4	x2	x0
Total Score	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>	+	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>
		+	<div style="border: 1px solid black; width: 40px; height: 40px;"></div>
			= <div style="border: 1px solid black; width: 60px; height: 40px;"></div>



VIDEONYSTAGMOGRAPHY (VNG) INSTRUCTIONS

The Videonystagmography (VNG) evaluation is a valuable test used primarily for the diagnosis of disorders involving the vestibular system. The vestibular system is located within the inner ear and is responsible for controlling our sense of balance. Any disruption of this system can cause a problem of imbalance, disequilibrium and/or dizziness. The results of the VNG test provide information that is useful in determining the cause of dizziness or imbalance and in making recommendations for treatment.

The test lasts approximately 1 to 1 ½ hours. Please eat very lightly prior to testing. If your appointment is in the morning eat a light breakfast (e.g., toast and juice) or if in the afternoon eat a light breakfast and have a light snack for lunch. Please limit caffeine intake if possible.

Ladies, please do not wear eye makeup as it can interfere with testing.

Certain medications can influence the body's response to the test, causing a false or misleading result. Please refrain from taking the medications or substances listed below beginning 48 hours (two days) prior to your test date:

- Alcohol: including beer, liquor, wine or cough medicine
- Pain Relievers/Analgesics/Narcotics: Codeine, Demerol, Tylenol with Codeine, Percocet, Darvocet, etc.
- Antihistamines, decongestants and cold medications
- Tranquilizers: Valium, Librium, Atarax, Xanax, Librax, Tranxene, Serax, etc.
- Anti-Vertigo Medications: Antivert, Ruvert, Meclizine, etc.
- Anti-Nausea Medications: Phenergan, Dramamine, Compazine, Antivert, Thorazine, etc.
- Sedatives: Halcion, Restoril, Nembutal, etc., or any sleeping medications

THE ABOVE MEDICATION LIST IS NOT EXHAUSTIVE.

CONSULT WITH YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS REGARDING MEDICATIONS.

ALWAYS CONSULT WITH YOUR PHYSICIAN BEFORE DISCONTINUING ANY PRESCRIBED MEDICATION.

Testing can cause a sense of motion, so please bring someone to drive you. If this is not possible, try to plan your day to allow an extra 20-30 minutes after your test before leaving the office.

If you have any questions about the VNG test, please contact our office.