## Supplemental Material S1. Military audiologists' practices.

Topics covered with tinnitus patients		None (%)	Some (%)	Most/all (%)	
Outer/middle/inner ear anatomy		0	33	67	
Cochlea and hair cell function		0	17	83	
Brain pathways for hearing		0	17	83	
Mechanism of normal hearing		0	33	67	
Relationship of tinnitus to hearing loss		0	0	100	
Causes of tinnitus		0	0	100	
Tinnitus in context of hea	ring tests	0	33	67	
Tests performed and explained to tinnitus patients	Usually not performed (%)	Do not discuss (%)	Summar results (%)		
Pure tone thresholds	0	0	33	67	
SRT	0	17	33	50	
Otoacoustic emissions	17	0	33	50	
Acoustic immittance	0	17	50	33	
Tinnitus loudness match	33	17	33	17	
Tinnitus pitch match	33	17	33	17	
Minimum masking level	33	33	17	17	
Loudness discomfort level	33	33	17	17	
Other (THI, TFI, TRQ)	67	0	17	17	

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Statements made to tinnitus patients	None (%)	Some (%)	Most/all (%)
Tinnitus is non-health threatening	25	25	50
Tinnitus has no impact on hearing	50	33	17
Tinnitus has no impact on new/ additional hearing loss	67	17	17
Tinnitus is not caused by or evidence of a tumor	83	0	17
Tinnitus is a common condition	17	17	67
Your tinnitus may go away	50	17	33
Your tinnitus may get worse or fluctuate	17	50	33
Most people learn to ignore their tinnitus	50	17	33
The sound of each person's tinnitus is unique for that person	17	17	67
Tinnitus is sound that arises in the inner ear or auditory pathways	33	0	67
There is no known/proven medical treatment for tinnitus	50	0	50

Supplemental Material, Erdman et al., "The Tinnitus Retraining Therapy Trial's Standard of Care Control Condition: Rationale and Description of a Patient-Centered Protocol," *AJA*, <a href="https://doi.org/10.1044/2019\_AJA-18-0068">https://doi.org/10.1044/2019\_AJA-18-0068</a>

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## Questions posed to military clinicians regarding tinnitus practice

How much detail is provided when describing the anatomy and physiology of the auditory system?

How much detail is provided when describing audiologic or other tests?

What setting and materials are used for treatment or counseling?

What reassurances do you give the patient?

What recommendations do you make?

What recommendations do you make related to sleep?

What kinds of information do you give to patients?