Table 5: Review protocol: What information should be provided to people with tinnitus, including self-management strategies?

ID	Field	Content
0.	PROSPERO registration number	Not registered
1.	Review title	Information that should be provided to people with tinnitus, including self-management strategies
2.	Review question	What information should be provided to people with tinnitus, including self-management strategies?
3.	Objective	To determine what information should be provided to people with tinnitus including: o Information about diagnosis and symptoms o Role of reassurance o Self-management strategies o Support groups and other sources of information; signposting to other websites
4.	Searches	The following databases will be searched: • Embase • MEDLINE • CINAHL • PsycINFO Searches will be restricted by: • English language The searches may be re-run 6 weeks before final committee meeting and further studies

		retrieved for inclusion if relevant. The full search strategies will be published in the final review.
5.	Condition or domain being studied	Tinnitus
6.	Population	Inclusion: • Children, young people and adults with tinnitus • Parents and carers Strata: • Children/young people (up to 18 years) • Adults Exclusion: None
7.	Intervention/Exposure/Test	Views, opinions and experiences relating to information, education or support.
8.	Comparator/Reference standard/Confounding factors	Not applicable
9.	Types of study to be included	Qualitative interview and focus group studies (including studies using grounded theory, phenomenology or other appropriate qualitative approaches).
10.	Other exclusion criteria	Non-English language articles.
11.	Context	N/A
12.	Primary outcomes (critical outcomes)	Themes will be derived from the evidence identified for this review and not pre-specified. However for information to guide the technical team, relevant themes may include: Information about: o Causes

		o Symptoms
		o Diagnosis
		o Prognosis
		o Treatment options (including self-management)
		o Self-help and coping strategies
		o Where to go for further support (links, further reading, support groups etc.)
13.	Secondary outcomes (important outcomes)	Not applicable
14.	Data extraction (selection and coding)	EndNote will be used for reference management, sifting, citations and bibliographies. All references identified by the searches and from other sources will be screened for inclusion. 10% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract information from studies (see Developing NICE guidelines: the manual section 6.4). Once saturation is considered to have been reached (all the themes are already covered in the data extraction) data from other included papers will not be extracted or critically appraised, but the paper will still be read to check for any additional themes and will be noted in the included studies. The point at which data extraction is reached will be noted within the review.
15.	Risk of bias (quality) assessment	Risk of bias will be assessed using the appropriate checklist as described in Developing NICE guidelines: the manual: For this review the CASP qualitative checklist will be used to assess risk of bias of individual

		studies. A sample of 10% of the critical appraisals will be quality assured by a second reviewer. Disagreements between the review authors over the risk of bias in particular studies will be resolved by discussion, with involvement of a third review author where necessary.
16.	Strategy for data synthesis	The synthesis of qualitative data will follow a thematic analysis approach. Information will be synthesised into main review findings. Results will be presented in a detailed narrative and in table format with summary statements of main review findings. GRADE CERQual will be used to synthesise the qualitative data and assess the certainty of evidence for each review finding.
17.	Analysis of sub-groups	If suggested by the evidence, themes may be reported separately for patients, families and carers.
18.	Type and method of review	☐ Intervention ☐ Diagnostic ☐ Prognostic ☒ Qualitative ☐ Epidemiologic ☐ Service Delivery ☐ Other (please specify)
19.	Language	English
20.	Country	England
21.	Anticipated or actual start date	29/05/18
22.	Anticipated completion date	11/03/20

23.	Stage of review at time of this submission	**Review stage**	**Started**	**Completed**
		Preliminary searches	☐	☑

		Piloting of the study selection process	☐	☑
		Formal screening of search results against eligibility criteria	☐	☑
		Data extraction	☐	☑
		Risk of bias (quality) assessment	☐	☑
		Data analysis	☐	☑
24.	Named contact	**5a. Named contact** National Guideline Centre **5b Named contact e-mail** Tinnitus@nice.org.uk **5e Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) and the National Guideline Centre		
25.	Review team members	From the National Guideline Centre: • Dr Jennifer Hill [Guideline lead] • Ms Sedina Lewis/Ms Julie Neilson [Senior systematic reviewer] • Dr Richard Clubbe [Systematic reviewer] • Mr David Wonderling [Health economist lead] • Mr Emtiyaz Chowdhury [Health		

		economist]
		• Ms Jill Cobb [Information specialist]
		• Dr Giulia Zuodar [Project manager]
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Centre which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: [NICE guideline webpage].
29.	Other registration details	N/A
30.	Reference/URL for published protocol	N/A
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: Notifying registered stakeholders of publication Publicising the guideline through NICE's newsletter and alerts Issuing a press release or briefing as appropriate, posting news articles on the NICE

		website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Patients experience, information, tinnitus
33.	Details of existing review of same topic by same authors	N/A
34.	Current review status	☒ Ongoing ☐ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35..	Additional information	N/A
36.	Details of final publication	www.nice.org.uk