



UW Speech and Hearing Clinic
Tinnitus & Hyperacusis Program
UNIVERSITY OF WISCONSIN-MADISON

Detailed Trigger Inventory

Name: _____

Date: _____

	Trigger	Source	Emotional Response	Physical Sensation
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Response Scale for the Detailed Trigger Inventory

Part A: Emotional Response

0	I experience a known trigger but feel no discomfort or irritation.
1	I am aware of the presence of a known trigger person but feel no, or minimal, anticipatory anxiety.
2	Known triggers elicit minimal psychic discomfort, irritation, or annoyance. No symptoms of panic or fight or flight response.
3	I feel increasing levels of psychic discomfort but do not engage in any physical response. I may be hyper-vigilant to potential trigger stimuli.
4	I engage in a minimal physical response – non-confrontational coping behaviors, such as asking the trigger person to stop making the trigger, discreetly covering one ear, looking away, or by calmly moving away from the trigger. No panic or fight or flight symptoms exhibited.
5	I adopt more confrontational coping mechanisms, such as overtly covering my ears, looking away, mimicking the trigger person, make repeated sounds, or display overt irritation.
6	I experience substantial psychic discomfort. Symptoms of panic and a fight or flight response begin to engage.
7	I experience substantial psychic discomfort. Increasing use (louder, more frequent) use of confrontational coping mechanisms. I may re-imagine the triggers over and over again, sometimes for weeks, months or even years after the event.
8	I experience substantial psychic discomfort and some violence thoughts.
9	Panic/rage reaction in full swing. Conscious decision not to use violence on trigger person. Actual flight from vicinity of trigger and/or use of physical violence on an inanimate object. Panic, anger or severe irritation may be manifest in my demeanor.
10	Actual use of physical violence on a person or animal (i.e., a household pet). Violence may be inflicted on self (self-harming).

Part B: Physical Sensation

0	I feel no physical sensation.
1	I feel minimal physical sensation and can ignore it.
2	I feel some physical sensation but can often/always ignore it.
3	I feel some physical sensation but have difficulty or cannot ignore it.
4	I feel elevated physical sensation and usually cannot ignore it.
5	I feel elevated physical sensation, definitely cannot ignore it.
6	I feel elevated physical sensation, cannot ignore it and each incidence has an impact on my life.
7	I feel physical sensation as described above and cannot cope with it.
8	I feel physical sensation which can be best described as emotional pain.
9	I feel physical sensation which can be best described as physical pain.
10	I feel physical sensation which is overpowering and is causing physical pain.