

# Supplement to the Progressive Tinnitus Management Workbook

This supplement was created to be used with the electronic version of the Progressive Tinnitus Management How to Manage Your Tinnitus: A Step-by-Step Workbook. This document contains the 23 pages in the workbook where you fill in your own information. The supplement can be printed and written on while working through the electronic version of the workbook.

# Goals of Tinnitus Management (All Methods)

There are many methods for managing reactions to tinnitus. These methods are not intended to make your tinnitus quieter. They are intended to help you feel better - even if it's just for a short time - without changing your tinnitus. The more you practice feeling better, the easier it will become to feel OK with your tinnitus just as it is. All of these methods have basically the same goals. They are to:

- ☐ Feel less stressed about tinnitus
- ☐ Have fewer emotional reactions to tinnitus
- ☐ Almost never think about tinnitus
- ☐ Feel like tinnitus has little effect on daily activities (concentration, work, sleep, etc.)
- ☐ Feel like tinnitus is not much of a problem
- ☐ Feel like there is no need for further help learning to manage tinnitus

All of these goals can be accomplished without changing your tinnitus. Go ahead and check the boxes above for the goals that apply to you. Use the space below to write down any other goals you have. Keep in mind that this workbook can help you with tinnitus problems, but not with trouble hearing. For help with trouble hearing, please talk to an audiologist.

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What is ***your number one goal*** for managing your reactions to tinnitus?

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# Tinnitus and Hearing Survey

## A. Tinnitus

Over the last week, tinnitus kept me from sleeping.

*No, not a problem*   *Yes, a small problem*   *Yes, a moderate problem*   *Yes, a big problem*   *Yes, a very big problem*

0   1   2   3   4

Over the last week, tinnitus kept me from concentrating on reading.

0   1   2   3   4

Over the last week, tinnitus kept me from relaxing.

0   1   2   3   4

Over the last week, I couldn't get my mind off of my tinnitus.

0   1   2   3   4

\_\_\_\_\_  
Total of each column

Grand Total

## B. Hearing

Over the last week, I couldn't understand what others were saying in noisy or crowded places.

0   1   2   3   4

Over the last week, I couldn't understand what people were saying on TV or in movies.

0   1   2   3   4

Over the last week, I couldn't understand people with soft voices.

0   1   2   3   4

Over the last week, I couldn't understand what was being said in group conversations.

0   1   2   3   4

\_\_\_\_\_  
Total of each column

Grand Total

## C. Sound Tolerance

Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me.\*

0   1   2   3   4

*If you responded 1, 2, 3, or 4 to the statement above:*

Please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others:

\_\_\_\_\_

\_\_\_\_\_

\*If sounds are too loud for you while wearing hearing aids, please tell your audiologist.

For office use only (II):   ☐ M   ☐ H   ☐ N

## Using the Relief Scale for Soothing Sound

The Relief Scale is shown below. It is used to rate how much relief from stress or tension you feel when you listen to a sound.

*No relief* means that there is no change in the stress or tension caused by your tinnitus. *Complete relief* means that, with the sound, the stress or tension caused by the tinnitus is completely gone. Soothing sounds provide a sense of relief from stress or tension caused by tinnitus. You can use the Relief Scale to help you learn which sounds are the most soothing to you. It might take time and patience to find the soothing sounds that do the best job of helping you to feel better.



### Instructions:

- 1 Choose a sound that you think will be soothing. A soothing sound will give you a sense of relief from stress or tension caused by tinnitus. (Tracks 9-14 on the CD in the back of this workbook have sounds that are soothing to many people.)
- 2 Adjust the volume of the sound until you find the level that is most soothing to you.
- 3 Answer the question “When I listen to this sound, how much relief from stress and tension do I feel?”



No  
relief



Slight  
relief



Mild  
relief



Moderate  
relief



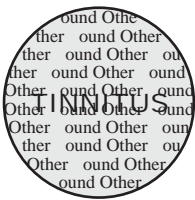
Nearly  
complete  
relief



Complete  
relief

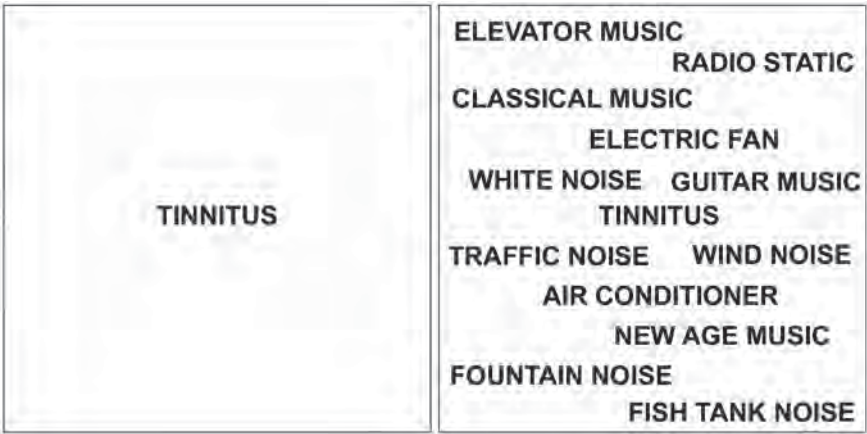
Write down the sound that you listened to	How much relief did the sound give you?					
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5

Tinnitus Contrast Activity



Instructions:

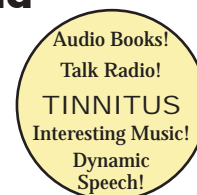
- 1 Spend a few moments listening to your tinnitus in quiet.
- 2 Now turn on some background sound. The sound should be pleasant or neutral. (Tracks 20-23 on the CD in the back of this workbook have sounds that are neutral to many people.)
- 3 Adjust the volume to a comfortable level.
- 4 Notice the reduced contrast.
- 5 Reducing contrast makes it easier to ignore your tinnitus.



Write down the sound that you listened to	Write any comments you have about using this sound as background sound

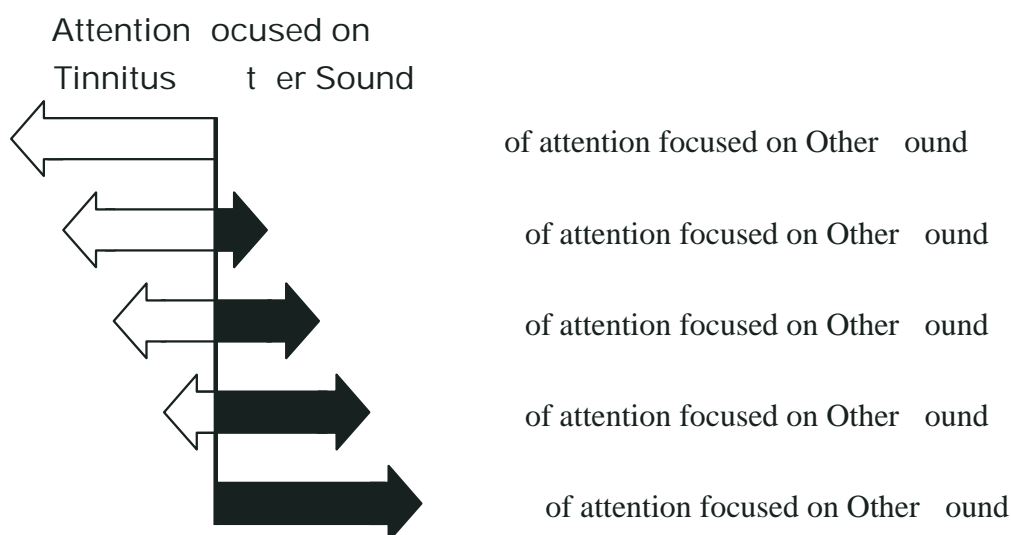
## Using the Attention Scale for Interesting Sound

The Attention Scale is shown below. It is used to rate how well a sound keeps your attention off of your tinnitus. You can use the Attention Scale to figure out which sounds work best for keeping your attention. It may take time and patience to find sounds that do the best job of shifting your thoughts away from your tinnitus.



### Instructions:

- 1 Choose a sound that you think will keep your attention. (Tracks 15-19 on the CD in the back of this workbook have sounds that are interesting to many people.)
- 2 Listen to the sound for at least 1 minute.
- 3 Choose the percent of attention focused on the sound while listening to it.



Write down the sound that you listened to	How much of your attention was focused on the "Other Sound"?				
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%

## Tinnitus Problem Checklist

1. My **most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other _____             |

**Now, write your answer on #1 of the Sound Plan Worksheet.  
(Copies of the Worksheet can be found at the end of this workbook.)**

2. My **second most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other _____             |

**Now, write your answer on #1 of a *separate* Sound Plan Worksheet.**

3. My **third most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other _____             |

**Now, write your answer on #1 of a *separate* Sound Plan Worksheet.**



## Relief Scale

The Relief Scale is shown below. Use it to rate how much relief from stress or tension you feel after using deep breathing or imagery. *No relief* means that there is no change in the stress or tension caused by your tinnitus. *Complete relief* means that the stress or tension caused by the tinnitus is completely gone. Learning to relax using deep breathing and imagery takes time and practice. You can use the Relief Scale to track your progress.

### Instructions

- Get into a comfortable position
- Follow the instructions for deep breathing (p. 39) or imagery (p. 41)
- Fill out the chart below to track your progress



No  
relief



Slight  
relief



Mild  
relief



Moderate  
relief



Nearly  
complete  
relief



Complete  
relief

Date	Time of Day	Minutes Practiced		Relief
		Deep Breathing	Imagery	
Example: June 5, 2009	10:00am	5 mins	0	3
June 5, 2009	10:05am	0	5 mins	4

**Step 1: Track Your Activities.** Directions: Write down your activities over the next 6 days. Fill in the **Day** of the week, the **Activity** during each **Time** frame, and the **Category** of the activity.

Day	Time	Activity	Activity Category <i>Have to do = 1</i> <i>Like to do = 2</i>
Example: Day 1 <i>Monday</i>	Morning	Example: <i>Went to work</i>	1
	Afternoon	Example: <i>Still at work, worked out at the gym</i>	1, 1
	Evening	Example: <i>Made dinner, cleaned up the kitchen, watched TV</i>	1, 1, 2
Day 1	Morning		
	Afternoon		
	Evening		
Day 2	Morning		
	Afternoon		
	Evening		
Day 3	Morning		
	Afternoon		
	Evening		
Day 4	Morning		
	Afternoon		
	Evening		
Day 5	Morning		
	Afternoon		
	Evening		
Day 6	Morning		
	Afternoon		
	Evening		

Total #1's = \_\_\_\_\_

Total #2's = \_\_\_\_\_

**Step 2: Make a List of Pleasant Activities.** Before you can plan pleasant activities, you first need to know what activities you would enjoy. Below are some types of pleasant activities. List only activities you would enjoy.

Type of Activity	Example Activity	Activity
Social	<i>Dinner with friends</i>	
Recreational	<i>Taking dance lessons</i>	
Sporting	<i>Playing golf</i>	
Creative	<i>Writing poetry</i>	
Educational	<i>Taking a history class</i>	
Solitary	<i>A walk in the woods</i>	
Artistic	<i>Painting</i>	
Pampering	<i>Getting a massage</i>	
Musical	<i>Playing the piano</i>	
Interest-oriented	<i>Collecting old cameras</i>	
Travel	<i>Going to Hawaii</i>	
Food	<i>Baking bread</i>	

[Note: these categories adapted from JL Henry and Wilson<sup>6</sup>]

**Step 3: Plan Pleasant Activities.** The last step is to plan your activities. On your own calendar write down one pleasant activity you will do each day. After you do this for 1 week, look back at days when you did not do a pleasant activity. Ask yourself:

- 1 Did I do all of my scheduled pleasant activities each day?
- 2 Why didn't I do some or all of my activities as planned?
- 3 Did I notice my tinnitus less when I did these activities?
- 4 Would more activities help me get my mind off of my tinnitus?
- 5 Do I need to have more or fewer pleasant activities?

## **Twelve Common Thought Errors:**

- 1 All-or-nothing thinking:** When you see things in only two categories such as black or white.

*Example:* You see yourself as a failure if you are not perfect.

*Example:* “Nothing I ever do is right.”

*Tinnitus example:* “If my tinnitus is loud when I wake up in the morning I know I will have a bad day.”

*Corrected thought:* “I’m learning ways to have a good day even when my tinnitus is loud.”

*My example:* \_\_\_\_\_

- 2 Over-simplifying:** When you see one bad event as a pattern that never changes.

*Example:* You get on the wrong train one time and think, “I’ll never learn how to use the subway.”

*Tinnitus example:* “I was awake all night from my tinnitus. This will happen every night.”

*Corrected thought:* “Last night my tinnitus kept me awake, but most nights I eventually fall asleep.”

*My example:* \_\_\_\_\_

- 3 Focusing on wrong details:** When you pick out a single detail and focus on it. You don’t think about other more positive details.

*Example:* “I got a 60% on my math homework. I’m a terrible student.”

*Tinnitus example:* “My tinnitus made it hard to enjoy dinner with a friend.”

*Corrected thought:* “My tinnitus was really loud at dinner. However, it was great to see my friend again and to catch up.”

*My example:* \_\_\_\_\_

- 4 Jumping to conclusions:** When you think an event was unpleasant even though there are no facts to support that. You might assume that you know what someone else is thinking or assume things will turn out badly.

*Example:* “If I go to the party then I won’t know anyone and will not have fun.”

*Tinnitus example:* “My tinnitus kept me awake last night. The next day I met a friend for coffee. I was really tired and didn’t talk much. I’ll bet he thought I was boring.”

*Corrected thought:* “It was difficult to be so tired all day. I told my friend about my tinnitus keeping me awake. He was very supportive.”

*My example:* \_\_\_\_\_

- 5 Over-estimating:** When you think things are more important than they really are (such as your goof-up or someone else’s success).

*Example:* “She turned me down when I asked her to go on a date with me. I don’t know how to talk to women. I’ll be alone forever.”

*Tinnitus example:* “My tinnitus makes me moody. No one wants to be around me.”

*Corrected thought:* “Sometimes I’m moody and other times I am in a great mood. I have friends who know me and understand me.”

*My example:* \_\_\_\_\_

- 6 Under-estimating:** When you think things are less important than they really are (such as your success or someone else’s faults).

*Example:* “I know I got a 95% on the test but I could have done better.”

*Tinnitus example:* “I know I learned how to get to sleep even though my tinnitus is loud. I also started using soothing sound for my tinnitus at work. Even so, I’ll never learn to deal with my tinnitus.”

*Corrected thought:* “I can deal with my tinnitus by making small changes. It may not be gone, but I don’t notice my tinnitus as often.”

*My example:* \_\_\_\_\_

- 7 Assuming the worst:** When you think something is much worse than it really is.

*Example:* A woman who got a low grade on a quiz thinks it's the end of her college career."

*Tinnitus example:* "I'm going to become deaf from my tinnitus."

*Corrected thought:* "My doctor said tinnitus won't make me deaf. It just feels strange to hear this ringing in my ears all the time and not know why."

*My example:* \_\_\_\_\_

- 8 Emotional thoughts:** When you think that your emotions show the way things really are. You might think, "I feel it, so it must be true."

*Example:* "I feel like I'm the only one who cleans up around here so you must not be helping."

*Tinnitus example:* "I feel like no one knows what I am going through with my tinnitus. I feel all alone."

*Corrected thought:* "People know what I am going through when I explain tinnitus to them."

*My example:* \_\_\_\_\_

- 9 "Should" statements:** When you say "should" and "shouldn't" to try to get yourself to do hard tasks. These statements tend to make you feel guilty. Also included are statements with the words "must" and "ought."

*Example:* "I should eat healthier and stop eating food I like."

*Tinnitus example:* "I should not have to deal with tinnitus during the best years of my life."

*Corrected thought:* "Tinnitus isn't what I expected when I retired, but I can deal with it."

*My example:* \_\_\_\_\_

**10 Labeling:** Attaching a bad label to yourself or others.

*Example:* “He lost his keys so he’s stupid.”

*Tinnitus example:* “I can’t deal with my tinnitus so I’m a weak person.”

*Corrected thought:* “Sometimes it’s hard to deal with my tinnitus. I do my best to stay healthy and active. I practice methods for managing my reactions to tinnitus from the workbook. However, sometimes the tinnitus still bothers me. That is normal.”

*My example:* \_\_\_\_\_

**11 Making Things Personal:** You see yourself as the cause of some negative event when you are not responsible. You ignore other details.

*Example:* “My doctor was not nice to me because I was sick.”

*Tinnitus example:* “My tinnitus made it hard for me to enjoy the picnic. I caused everyone else to have a bad time, too.”

*Corrected thought:* “My tinnitus made it hard for me to enjoy the picnic. No one can have fun all of the time.”

*My example:* \_\_\_\_\_

**12 Blaming:** You blame others for your problems. You may also blame yourself for other people’s problems.

*Example:* “I didn’t get the job because you didn’t call to give me a pep-talk before my meeting.”

*Tinnitus example:* “My tinnitus wouldn’t be a problem if my wife was more supportive.”

*Corrected thought:* “It would be helpful if my wife was more supportive. Either way I would have to work at dealing with my tinnitus.”

*My example:* \_\_\_\_\_

## Changing Thoughts Exercise

**Directions:** Keep track of three situations when you felt bad or upset during the week. Practice changing your thoughts in each situation using these steps.

Steps	Example	Your situation 1	Your situation 2	Your situation 3
<b>Step 1: Event</b>	My tinnitus isn't getting any better			
<b>Step 2: Thoughts</b>	Why can't anyone help me?			
<b>Step 3: Feelings</b>	Helpless, frustrated and angry			
<b>Step 4: Evidence for</b>	I've been to so many doctors and still have tinnitus			
<b>Step 5: Evidence against</b>	I feel asleep easily last night. Maybe using sound is helping me even if my tinnitus isn't any quieter.			
<b>Step 6: New positive thought</b>	I probably can't make my tinnitus quieter. Even so, I can find ways to feel better even if the tinnitus doesn't change.			
<b>Step 7: Feelings when you think the new thought</b>	Happier, more confident			
<b>Step 8: Picture yourself in the future.</b> Think of an event in the future when you might have the negative thoughts again. Picture yourself thinking the positive thought instead.				



# Sound Plan Worksheet

1. Write down on bothersome situation

**2. Check one or more** of the three ways to use sound to manage the situation

- ☐ Soothing sound



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### 3. Write down the sounds that you will try

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#### 4. Write down the devices you will use

5. Use your sound plan **over the next week**. How **helpful** was each sound after using it for 1 week?

## 6. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

	Not at all	A little	Moderately	Very much	Extremely
1. I am very satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am very satisfied with my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am very satisfied with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am very satisfied with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am very satisfied with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am very satisfied with my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am very satisfied with my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am very satisfied with my environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am very satisfied with my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am very satisfied with my life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- **Background sound**



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Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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☐ **Interesting sound**



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Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Changing Thoughts and Feelings Worksheet

1. From the Tinnitus Problem Checklist, write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three skills to manage the situation

☐ Relaxation exercises

<i>breathe</i>
<b>Relax</b>
<i>imagine</i>

☐ Plan pleasant activities

<i>golf, write, walk</i>
<b>Pleasant activities</b>
<i>dance, paint</i>

☐ Changing thoughts

<b>Think</b>
↓
<b>Feel</b>

3. Write down the details for each skill you will use

☐ Deep breathing

☐ Imagery

☐ Other \_\_\_\_\_

Activity 1 \_\_\_\_\_

Activity 2 \_\_\_\_\_

Activity 3 \_\_\_\_\_

Old thought \_\_\_\_\_

New thought \_\_\_\_\_

4. Use your plan over the next week.  
How helpful was each exercise?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Sound Plan Worksheet

1. Write down on bothersome situation \_\_\_\_\_

**2. Check one or more** of the three ways to use sound to manage the situation

☐ Soothing sound




### 3. Write down the sounds that you will try

**4. Write down the devices**  
you will use

5. Use your sound plan **over the next week**. How **helpful** was each sound after using it for 1 week?

## 6. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

☐ **Background sound**




	Not at all	A little	Moderately	Very much	Extremely
1. I am very satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am very satisfied with my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am very satisfied with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am very satisfied with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am very satisfied with my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am very satisfied with my money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am very satisfied with my education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am very satisfied with my religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am very satisfied with my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am very satisfied with my country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	A little	Moderately	Very much	Extremely
1. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have a great deal of respect for the rights of people who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	A little	Moderately	Very much	Extremely
1. I am very satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am very satisfied with my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am very satisfied with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am very satisfied with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am very satisfied with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am very satisfied with my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am very satisfied with my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am very satisfied with my environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am very satisfied with my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am very satisfied with my life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Interesting sound**




## Changing Thoughts and Feelings Worksheet

1. From the Tinnitus Problem Checklist, write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three skills to manage the situation

☐ Relaxation exercises

<i>breathe</i>
<b>Relax</b>
<i>imagine</i>

☐ Plan pleasant activities

<i>golf, write, walk</i>
<b>Pleasant activities</b>
<i>dance, paint</i>

☐ Changing thoughts

<b>Think</b>
↓
<b>Feel</b>

3. Write down the details for each skill you will use

☐ Deep breathing

☐ Imagery

☐ Other \_\_\_\_\_

Activity 1 \_\_\_\_\_

Activity 2 \_\_\_\_\_

Activity 3 \_\_\_\_\_

Old thought \_\_\_\_\_

New thought \_\_\_\_\_

4. Use your plan over the next week.  
How helpful was each exercise?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

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## Sound Plan Worksheet

1. Write down on bothersome situation \_\_\_\_\_

**2. Check one or more of the three ways to use sound to manage the situation**

☐ **Soothing sound**



**3. Write down the sounds that you will try**

**4. Write down the devices you will use**

**5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?**

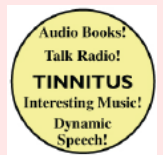
**6. Comments**

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

☐ **Background sound**



☐ **Interesting sound**



Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Changing Thoughts and Feelings Worksheet

1. From the Tinnitus Problem Checklist, write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three skills to manage the situation

☐ Relaxation exercises

<i>breathe</i>
<b>Relax</b>
<i>imagine</i>

☐ Plan pleasant activities

<i>golf, write, walk</i>
<b>Pleasant activities</b>
<i>dance, paint</i>

☐ Changing thoughts

<b>Think</b>
↓
<b>Feel</b>

3. Write down the details for each skill you will use

☐ Deep breathing

☐ Imagery

☐ Other \_\_\_\_\_

Activity 1 \_\_\_\_\_

Activity 2 \_\_\_\_\_

Activity 3 \_\_\_\_\_

Old thought \_\_\_\_\_

New thought \_\_\_\_\_

4. Use your plan over the next week.  
How helpful was each exercise?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

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## Sound Plan Worksheet

1. Write down on bothersome situation \_\_\_\_\_

**2. Check one or more of the three ways to use sound to manage the situation**

☐ **Soothing sound**



**3. Write down the sounds that you will try**

**4. Write down the devices you will use**

**5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?**

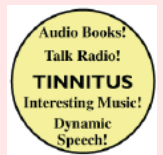
**6. Comments**

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

☐ **Background sound**



☐ **Interesting sound**



Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## Changing Thoughts and Feelings Worksheet

1. From the Tinnitus Problem Checklist, write down one bothersome tinnitus situation \_\_\_\_\_

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☐ Relaxation exercises

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<b>Relax</b>
<i>imagine</i>

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<i>golf, write, walk</i>
<b>Pleasant activities</b>
<i>dance, paint</i>

☐ Changing thoughts

<b>Think</b>
↓
<b>Feel</b>

3. Write down the details for each skill you will use

☐ Deep breathing

☐ Imagery

☐ Other \_\_\_\_\_

Activity 1 \_\_\_\_\_

Activity 2 \_\_\_\_\_

Activity 3 \_\_\_\_\_

Old thought \_\_\_\_\_

New thought \_\_\_\_\_

4. Use your plan over the next week.  
How helpful was each exercise?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

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