

Sound Plan Worksheet

1. Write down one bothersome tinnitus 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

Background sound



Interesting sound



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

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

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	<input type="checkbox"/>	A little	<input type="checkbox"/>	Moderately	<input type="checkbox"/>	Very much	<input type="checkbox"/>	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"/>

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