

Tinnitus Problem Checklist

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

- | | |
|---|---|
| <input type="checkbox"/> Falling asleep at night | <input type="checkbox"/> Carrying on a conversation |
| <input type="checkbox"/> Staying asleep at night | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Napping during the day |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Planning activities |
| <input type="checkbox"/> Working at the computer | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Listening to TV, radio, or podcast | <input type="checkbox"/> Other _____ |

Now, write your answer on #1 of the Sound Plan Worksheet and/or the Changing Thoughts and Feelings Worksheet.

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

- | | |
|---|---|
| <input type="checkbox"/> Falling asleep at night | <input type="checkbox"/> Carrying on a conversation |
| <input type="checkbox"/> Staying asleep at night | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Napping during the day |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Planning activities |
| <input type="checkbox"/> Working at the computer | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Listening to TV, radio, or podcast | <input type="checkbox"/> Other _____ |

Now, write your answer on a separate worksheet.

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

- | | |
|---|---|
| <input type="checkbox"/> Falling asleep at night | <input type="checkbox"/> Carrying on a conversation |
| <input type="checkbox"/> Staying asleep at night | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Napping during the day |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Planning activities |
| <input type="checkbox"/> Working at the computer | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Listening to TV, radio, or podcast | <input type="checkbox"/> Other _____ |

Now, write your answer on a separate worksheet.