

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 exercises you will practice

3. Write down how you feel before you try the exercise

4. Write down how you feel after the exercise

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

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.

Deep breathing

<i>inhale</i>
Breathe
<i>exhale</i>

Trial 1	_____	_____
Trial 2	_____	_____
Trial 3	_____	_____

Imagery

<i>see, hear, touch</i>
imagine
<i>smell, taste</i>

Trial 1	_____	_____
Trial 2	_____	_____
Trial 3	_____	_____

Changing thoughts

<i>Think</i>
↓
Feel

Trial 1	_____	_____
Trial 2	_____	_____
Trial 3	_____	_____

	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"/>	<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"/>
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