CBT Tinnitus Worksheet

Patient Information
Name:
Date of Birth:
Contact Information:
Session Date:
Objective:
Section 1: Tinnitus Education
Explain what tinnitus is.
Discuss common causes and triggers.
Debunk myths and misconceptions.
Section 2: Self-Assessment
Ask the patient to describe their tinnitus experiences.
 Ask the patient to describe their timilitus experiences. Explore emotions and behaviors linked to tinnitus.
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Section 3: Identifying Negative Beliefs
Encourage the patient to list negative beliefs about tinnitus.
Highlight irrational or catastrophic thoughts.

Help the patient challenge negative beliefs.
Guide them in reframing thoughts positively.
Section 5: Behavioral Strategies
Introduce relaxation exercises.
Explore sound therapy options.
Discuss habituation techniques.
Section 6: Personalized Goal Setting
Work with the patient to set specific goals.
 Goals can include reducing distress, improving sleep, or enhancing daily life.
Section 7: Progress Tracking
Instruct the patient to revisit this worksheet regularly.
Have them note any changes in thoughts, emotions, and behaviors related to tinnitus.
Use this information for ongoing assessment and adjustments.

Section 4: Cognitive Restructuring

Homework A	Assignments:
Provide e	xercises or tasks for the natient to complete between sessions

Trovide exercises of tasks for the patient to complete between sessions.		
These may include relaxation practices, journaling, or sound exposure exercises.		
Next Session Date:		
Provider's Notes:		
Signature (Provider):		
Signature (Patient):		