

TINNITUS DIARY

NAME: _____

DATE: _____

What are your thoughts and worries about your tinnitus?

(e.g. My tinnitus will)

1.

2.

3.

Do these thoughts and worries actually happen?

1.

2.

3.

Alternative ways of thinking about your tinnitus that will be helpful. (e.g. I have tinnitus, but it is really a small part of my life)

1.

2.

3.

4.

Create a list of alternative activities to engage in when you find tinnitus bothersome

1.

2.

3.

4.

5.

6.

7.

8.

- Make changes in your daily life so you are doing more activities where your tinnitus is better and fewer activities where your tinnitus is worse.
- Describe modifications you make to your daily living and the effect they have on your tinnitus.
- List new activities you try and how your tinnitus was affected.
- List any low level, background sounds you tried using and their effect on your tinnitus.
- List any “alternative activities” and whether they took your mind off tinnitus.
- Avoid silence.

Week #	ACTIVITY	EFFECT ON TINNITUS
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

- Make changes in your daily life so you are doing more activities where your tinnitus is better and fewer activities where your tinnitus is worse.
- Describe modifications you make to your daily living and the effect they have on your tinnitus.
- List new activities you try and how your tinnitus was affected.
- List any low level, background sounds you tried using and their effect on your tinnitus.
- List any “alternative activities” and whether they took your mind off tinnitus.
- Avoid silence.

Make a list of things that reduce your tinnitus

THESE THINGS SEEM TO MAKE MY TINNITUS BETTER

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

Make a list of things that worsen your tinnitus

THESE THINGS SEEM TO MAKE MY TINNITUS WORSE

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

Make a list of sounds you enjoy

1.

2.

3.

4.

5.

6.

7.

8.

Make a list of activities you enjoy

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

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