This article and any supplementary material should be cited as follows: Henry JA, Zaugg TL, Myers PJ, Schmidt CJ, Griest S, Legro MW, Kaelin C, Thielman EJ, Storzbach DM, McMillan GP, Carlson KF. Pilot study to develop telehealth tinnitus management for persons with and without traumatic brain injury. J Rehabil Res Dev. 2012;49(7):x–x. http://dx.doi.org/10.1682/JRRD.2010.07.0125

APPENDIX 1

Sound Plan Worksheet

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	3. **Write down the sounds** that you will try	4. **Write down the devices** you will use	5. Use your sound plan **over the next week**. **How helpful** was each sound after using it for 1 week?	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.
☐ **Soothing sound**	_____ _____ _____	_____ _____ _____	Not at all / A little / Moderately / Very much / Extremely ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	_____ _____ _____
☐ **Background sound**	_____ _____ _____	_____ _____ _____	Not at all / A little / Moderately / Very much / Extremely ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	_____ _____ _____
☐ **Interesting sound**	_____ _____ _____	_____ _____ _____	Not at all / A little / Moderately / Very much / Extremely ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	_____ _____ _____