

Sound Tolerance Worksheet

Things I can do	1. When and where will I do this?	2. How will I do this?	3. Comments	4. Am I doing better?
Surround myself with comfortable sound	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	After 1 month: _____ _____ _____
Listen to sounds I enjoy	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	After 2 months: _____ _____ _____
Use earplugs or earmuffs only when needed	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	After 3 months: _____ _____ _____