

CHRONIC PAIN AND TINNITUS INTAKE FORM

Name _____ Date _____

1. When was the your onset of tinnitus?

2. What happened 18 months prior to the onset?

3. Who made negative comments about this tinnitus?

4. Who in the past loved and cared about you?

5. Who now loves and cares about you?

6. Who in the past were you able to talk to?

7. Who now are you able to talk to?

8. Who in the past demanded your love?

9. Who now demands your love?

10. Who in the past refused to love you?

11. Who now refuses to love you?

12. Who in the past refused to talk to you?

13. Who now refuses to talk to you?

14. Did someone who mattered to you die two years before the onset? Since?

15. Who affects you in a negative manner after you leave them?

16. Whom have you refused to talk to?

HEAD TO TOE SYMPTOMS

Head _____

Eyes _____

Ears _____

Nose _____

Mouth _____

Chronic Pain and Tinnitus Intake Form - continued

Lips _____

Neck _____

Teeth _____

Chest _____

Lungs _____

Hands _____

Skin _____

Arms _____

Shoulders _____

Spine _____

Who had these things? (Including pets) _____

When did you want to be like them? _____

Did you ever want to help them? Yes () No ()

When did you realize you couldn't help them? _____

What is your most common emotion from the list below?

Enthusiasm ____

Antagonism ____

Boredom ____

Grief ____

Cheerfulness ____

Hostility ____

Apathy ____

Fear ____

Embarrassment ____

Anger ____

Shame ____

Chronic Pain and Tinnitus Intake Form - continued

Do you feel you are shirking your responsibilities? Yes () No ()

What do you think of yourself and Why? _____

Do you trust your environment? Yes () No () Why not? _____

What threatens your present security? _____

Five present fears:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Five future fears:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____