

WORKBOOK & JOURNAL

By James and Timothy Tylor
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Stop Your Tinnitus Forever
By Tracking Your Daily
Activities and Progress

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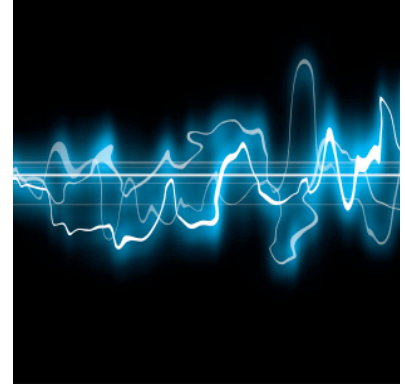
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Stop Tinnitus Forever - Workbook and Journal



Quite simply, the Stop Tinnitus Forever System is designed to end your suffering from the constant ringing in your ears. You'll be amazed to discover that your body is able to heal yourself through natural and holistic means, without use of medication or drugs.

From my personal experience and interaction with customers over the years, for the hundreds and thousands of men and women who have embraced Stop Tinnitus Forever have reconnected with their vitality, stress-free and healthy side, and are amazed by the freedom that they enjoy.

However, the Stop Tinnitus Forever System is not just a system for treating the ringing in your ears. It's a transformation to your health and it lets you regain energy, vitality, concentration, and eliminate emotional distress with a healthy diet and a lifestyle change. You can apply the methods at ease to not only ease the ringing in the ears, but also as a way to maintain the current state of tranquility and peacefulness.

But sometimes things aren't that easy. Human nature is to forget things as time passes, or the adrenaline may have decreased and you need some motivation to keep you on the right track. This is where the Stop Tinnitus Forever Workbook and Personal Journal come into play.

This journal will allow you to record down your personal diet, and the degree of tinnitus sound. You will be able to develop insights on your own behavior, and reflect on the tools and knowledge that you possess and how it has helped your journey to alleviate tinnitus. This journal is not just a diary. By penning down regularly, and truthfully, what you ate, and what you actually did during the times where there's ringing sounds in the ears.

Moreover, the Stop Tinnitus Forever - Workbook and Journal will help to to keep tabs on your daily activities and progress along the way. At the beginning it's common to be unfamiliar with the adjustments that you will have to make. Nevertheless, once you have taken the first steps and practice it everyday, it will gradually become a natural habit.

Be honest with your comments, what you eat, the meridian massages, aromatherapy, your exercise regime, and other remedies you have tried. Tinnitus requires a complete and holistic system to solve it. You will discover what triggers your tinnitus that is causing so much disturbance and you WILL be able to stop the ringing noises.

The journal is laid out in a format that is easy to follow. Simply record down the details after each meal, what you did at different periods of the day, the remedies you have attempted and the goals you want to accomplish. At the end of all this you will be able to understand the causes behind tinnitus, which is unique to each individual tinnitus sufferers, and now you will know what to do to prevent it.

I'm excited to congratulate you on starting this journey towards being free from tinnitus and embark on this lifelong journey to peacefulness, tranquility and better health.

To Your Good Health,

Timothy Tylor

It starts out by asking yourself some of the questions regarding your health and tinnitus conditions, and having you fill in the number of days in a month you are committed to follow the Stop Tinnitus Forever System and signing your name below.

You will also see 2 columns where you can write down your goals and motivations for doing the Stop Tinnitus Forever System.

Your reasons for embarking on the Stop Tinnitus Forever System.

Reasons why I want to embark on the Stop Tinnitus Forever System	How not finishing the Stop Tinnitus Forever System will have a negative impact on your life

I'm committed to follow the Stop Tinnitus Forever System ____ days/week.

(Sign your name)

Stop Tinnitus Forever - Workbook and Journal

Name:

Start Date:

Initial Thoughts and Expectations:

**What Is Your Ideal Outcome You Want To Achieve By Embarking
on the Stop Tinnitus Forever System?**

Today's Date: _____

Time of the Day: Upon Rising

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Morning

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Noon

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Afternoon

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Evening

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Dinner

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Bedtime

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

My Evaluation at the End of the Day

Date: _____

Did I have ringing in the ears today?

What remedies worked for me today?

What remedies did not work for me today?

What food helped me with my tinnitus today?

What food worsen my tinnitus today?

What will I do/ eat differently tomorrow?

What's my reflections and thoughts?

Today's Date: _____

Time of the Day: Upon Rising

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Morning

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Noon

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Afternoon

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Evening

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Dinner

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

Today's Date: _____

Time of the Day: Bedtime

Volume Level: _____

Distress Level: _____

Describe the Type of Ringing: _____

Meals and Beverages (List the ingredients for each dish):

Homeopathy Remedy:

Herbal Remedy:

Meridian Massage Position:

Medication (if any):

Aromatherapy:

Exercise Plans:

My Evaluation at the End of the Day

Date: _____

Did I have ringing in the ears today?

What remedies worked for me today?

What remedies did not work for me today?

What food helped me with my tinnitus today?

What food worsen my tinnitus today?

What will I do/ eat differently tomorrow?

What's my reflections and thoughts?
