



Your 2 weeks checklist

Please fill in this form after 2 weeks of listening to your Sound Therapy, and return to your Consultant

Client name _____ **Date** _____

- Have you started listening? **Y / N**
- If not, why? _____

- Do you have any questions or comments?

- Did you complete your Baseline form? **Y / N**
- Please ensure that you have delivered your Baseline form to your consultant. This will ensure that your consultant can effectively monitor your progress through the program.
- Did you complete the Personal Listening Routine Assess.in your Workbook? **Y / N**
- Which listening group applied to you: Sensitive, Moderate or Fully Fit? _____
- Are you following your recommended program? **Y / N**
- How many hours of listening are you doing per day? _____
- Have you read or are you reading the book that came with your program? **Y / N**
(The book is an important part of the program as it offers the background understanding to enable you to get the most out of your listening, and encouragement to work through the process of change that Sound Therapy can initiate.)
- Are you completing your listeners' log at the end of your Workbook? **Y / N**
(This is not a requirement, but some people like to track their daily progress.)
- Do you have any clinical concerns equipment difficulties, or other questions?

Make a note of these questions to discuss with your consultant at your next interview.