



Your 6 weeks checklist

The purpose of the 6 week follow up is to review your listening routine and let your Consultant know if you are having any adjustment problems with the program.

Client name _____ **Date** _____

- How many hours are you listening per day? _____
- Are you experiencing any changes or benefits? **Y /N**

Please provide details: _____

- Have you tried listening during the following activities?

Sleep	Y /N
Reading or study	Y /N
Watching TV or other entertainment	Y /N
Working around the home or garden	Y /N
Office or computer work	Y /N
During your paid occupation, if allowed	Y /N
During travel	Y /N

- **Are you having any temporary adjustment problems?**

Y /N If so please describe:

Have you read the page in the Workbook about temporary adjustment problems? If your concern is not addressed on this page and you are still concerned, please discuss this with your Sound Therapy Consultant.