kodama

Hyperacusis Weekly Check-In

Complete this short check-in once each module week. Your coach reads it and replies with your weekly message. This form is not monitored continuously and must not be used for urgent help.

Hyperacusis Weekly Check-In

Current Sound Distress

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

0 = No distress, 10 = Extreme distress

Sound Avoidance

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

0 = No avoidance, 10 = Extreme avoidance

Have you experienced pain caused by sound? ○ Yes ○ No

Duration of pain (in minutes)

Number of exposure sessions this week

Practice completion (percentage)

Describe your progress toward one functional goal

Have you experienced any setbacks or sustained worsening of symptoms? ◯ Yes ◯ No

Please provide any additional notes or comments for your coach

PHQ-2 (Patient Health Questionnaire-2)

Little interest or pleasure in doing things

◯ 0 ◯ 1 ◯ 2 ◯ 3

0 = Not at all, 3 = Nearly every day

Feeling down, depressed, or hopeless

◯ 0 ◯ 1 ◯ 2 ◯ 3

0 = Not at all, 3 = Nearly every day

GAD-2 (Generalized Anxiety Disorder-2)

Feeling nervous, anxious, or on edge

◯ 0 ◯ 1 ◯ 2 ◯ 3

0 = Not at all, 3 = Nearly every day

Not being able to stop or control worrying

◯ 0 ◯ 1 ◯ 2 ◯ 3

0 = Not at all, 3 = Nearly every day

What went well since your last module?

Even something small—a moment sound mattered less, a practice that helped, or something you handled differently.

What was harder since your last module?

A rough patch or an exercise you skipped is useful information, not a mark against you.

Did anything surprise you?

Include something easier or harder than expected, or a pattern you noticed.

How did your previous module goals go?

If a goal did not happen, what got in the way?