

Day #1

Why do you feel that you are doing this technique?

What are you hoping to achieve by doing this practice?

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Day #2

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Day #3

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Day #4

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Day #5

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Day #6

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Day #7

On a scale of 1-10 how are you energy levels? (10-Being full of energy, 1-No energy)

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 how are your stress levels? (10-Being stressed, 1-No stress)

1 2 3 4 5 6 7 8 9 10

Notes: *(Anything of notice, such as sensations in the body , feelings, thoughts)*

Did you complete this practice for the time period recommended? (YES / NO)
(If Not, why?)

Do you feel any benefit from having done this technique? (Look back at Day#1 at the reasons why you are doing the technique and what you wanted to achieve by doing this practice)
