

Symptom Observations

Thank you for chronicling your observations. E-mail them by tomorrow evening to\_\_\_\_\_\_\_\_\_\_

1. ENERGY: How does your energy feel following your training? 0-10 (0 = lowest energy, 10 is most energetic).
2. SLEEP: Describe the quality of your sleep (0-10, 0 being poorest quality, 10 being the highest quality).
3. REACTIVITY: What are you observing about how you are being triggered compared to before your last training (0 being the least reactivity, 10 being the most reactivity)?
4. RECOVERABILITY/RESILIENCY: How are you seeing your ability to let go of what is beyond your control to better release it (0 being the least resilient or able to let go, 10 being swiftest to recover)?
5. SUSTAINABILITY: How long are you sustaining the positive changes (0 being non-existent, 10 being more than a few days)?
6. PRODUCTIVITY: Describe your levels of productivity (0 being least productive, 10 being the most).
* List of symptoms:
	+ 0-10
	+ 0-10
	+ 0-10
	+ 0-10
	+ 0-10