

## PRE-SESSION CHECK-IN

NAME:

DATE:

- 1 How do you feel today?
- 2 What sensations and feelings do you have? please rate them 0-10: (e.g. head stuffy, discouraged and joyful, etc).
- 3 How “good” do you feel overall 0-10?
- 4 Have you noticed any changes since your last visit that you think might be related to your training?

## POST-SESSION CHECK-IN

- 1 How do you feel at the end of your Session?
- 2 Are any of your sensations and feelings remaining? Please rate them 0-10:
- 3 How “good” do you feel now 0-10?
- 4 Do you think your training is helping you? If yes, in what way?
- 5 Comments?

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