NAME: _____ WEEK OF ____/____ TO ____/____ DATE: _____

RELAXATION RATING: Rate the change in your level of relaxation or tension after practice session.

-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
Extreme Increase in Tension				Moderate Increase in Tension						No Change				Moderate Increase in Relaxation						Extreme Increase in Relaxation

DAY / DATE	TIME	ANXIETY (0-8)	RELAXATION RATING	EXPERIENCE DURING PRACTICE THOUGHTS, FEELINGS, ETC.
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	
____ ____ ____ ____	Practice 1 ____ Practice 2 ____	Before ____ After ____ Before ____ After ____	____ ____	