

My Feedback and Plans

Name:

Date:

Practices

What did I practice? (A) Tip mode (B) Segment mode / Triple segment mode (C) Counting mode
(D)Feeling mode (E) Staring mode (911)mode
'Waking up postures on the bed' 'Stretching movements standing on the floor'

When did I practice?

Bed time	On waking up	Getting ready in AM	Driving/ traveling	Walking	Waiting
Working	Exercising	On return from office	Stressed	Bored	Tired
Meditating	Others (specify)				

Improvements

What small improvements have I noticed? (Circle improvements and comment overall)

Mentally (Anger, Anxiety, Confidence, Disturbing Thoughts/Feelings, Focus, Initiative, Patience, Stress, etc.)

Physically: (Sleep- hrs& quality, Health problems, Pains, Exercise, Stamina, Body stiffness, Smiling, Smoking, Weight, etc.)

Dealing with people: (Patience, Assertiveness, Making eye contact, Socializing, etc.)

Overall comment:

Change in my concerns

My concern(s)	Relieved by this %
1.....
2.....
3.....

My plans for future (To be filled at the end of the class)

1.
2.
3.