

After the session

**Please take a moment and let me know how you are feeling about the four concerns you listed at the start of today's session.
How would you rate them now? And please, feel free to add more comments below.**

Again, list your concern and then circle how you rate their intensity, using a scale of 0 to 10
0 = barely noticeable and 10 = very severe .

1) _____ 0 1 2 3 4 5 6 7 8 9 10	3) _____ 0 1 2 3 4 5 6 7 8 9 10
2) _____ 0 1 2 3 4 5 6 7 8 9 10	4) _____ 0 1 2 3 4 5 6 7 8 9 10

Additional Comments?

Thank you very much for taking the time to complete this. The information you gave will remain completely confidential, and will help me greatly in our work together.

Practitioner notes: